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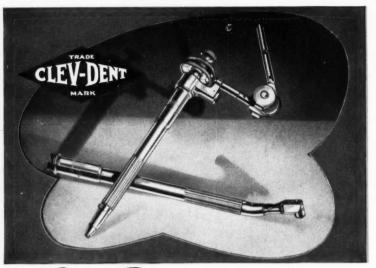
# Oral Hygiene Oral Hygiene Oral Hygiene

APRIL 195APR 8 1955



Washington Park Zoo, Milwaukee, Wisconsin. The Wisconsin State Dental Society will hold its annual meeting in Milwaukee April 25 to 27.

In this issue:
PATIENT RELAXATION



ani-Terry HANDPIECES

Interchangeable sheaths snap into place without adjustment. This sanitary precaution is possible only with SANI-TERRY HANDPIECES. True running, free of vibration, these handpieces lessen operator fatigue and reduce patient discomfort. Weight is balanced at the point where the handpiece is naturally grasped thus preventing backward drag on the wrist.

Cleve-Dent Contra Angle U may be used with the SANI-TERRY HAND-PIECE if preferred. It fits with close accuracy and is free of vibration.

Full Details on Request



Long, hardened steel, parallel bearing at spindle end resists wear.

The Sani-Terry Contra-Angle is driven by two lugs eliminating wear on the bur chuck.



cat

Serving the Profession since 1893

The Cleveland Dental

MANUFACTURING COMPANY
CLEVELAND 1, OHIO



#### cat nap in a dental chair?

Well, hardly, but you may hear a purr of gratitude from patients when you give Anacin Tablets for relief of dental pain.

#### NEW EVIDENCE OF ANACIN'S SUPERIORITY

A clinical report, soon to be available to the profession, again confirms the superior speed of analgesic action provided by Anacin. A series of tests on a significant number of patients proved that the main metabolite of one of the pain-relieving ingredients in Anacin appeared in the bloodstream minutes before either salicylates (aspirin) or buffered salicylates. You can be assured of speed of action when you use and recommend dependable,

long-lasting Anacin Tablets.

always ANACIN

## The Publisher's CORNER

By Mass



No. 405

### Thanks for Everything, Arthur

BACK IN 1952, this space saluted Doctor Arthur T. White of Pasadena, California. Arthur had just skipped blithely over his sixtieth milestone, entered his sixty-first year of dental practice. The boy was still feeling fine.

And that report goes for now, too—although on March first Arthur started his sixty-fourth year in dentistry. The reason why he skips over milestones so handily? The CORNER diagnosed his case in May 1952: "Warm hearts like Arthur's seem to last longer."

And he is sure enough warm-hearted! This department told about that three years ago, explained that "many a murky day has been brightened by this faraway friend"—but went on to say that now and then a letter of his will open on a stern note, like "I have been looking for something in ORAL HYGIENE to complain about."

Well, what have we done now? What's the complaint?

There isn't any complaint. Instead, in the next line of his letter, he cheers you up "with a small compliment, one which

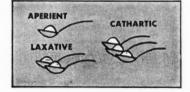


### SAL HEPATICA'S Action Has a Sound Pharmacologic Basis

1. It is antacid and effervescent. Reduction of gastric acidity decreases emptying time of the stomach.<sup>1</sup>

Effervescent mixtures also shorten the emptying time.<sup>2</sup>

Thus SAL HEPATICA quickly leaves the stomach to enter the intestine where its laxative action takes place.



h

2. It stimulates intestinal peristalsis by its osmotic action. The fluid drawn into the intestine is a mechanical stimulus to evacuation, which usually follows promptly.

Prompt, gentle laxation without griping follows the use of pleasant-tasting SAL HEPATICA. The gastric hyperacidity so frequently accompanying constipation is relieved, too, because SAL HEPATICA is antacid.

#### References: 1. The Physi

- The Physiological Basis of Medical Practice, 1945, p. 486.
- 2. New England J. Med. 235:80, July 18, 1946.

### ANTACID, EFFERVESCENT, SALINE LAXATIVE

BRISTOL-MYERS CO., 19 West 50 Street, New York 20, New York

tunes your mental mandolin, soothing your soul with soft music."

We had never met. But a year later, in 1953, we finally did. While visiting Lynn and Mary Smith in Pasadena, I phoned Arthur one evening. He was plenty astonished, after all the years of letterwriting.

Next morning, Lynn and I went to see him. First we just looked at each other and grinned—a bit self-consciously. But the stage fright, or whatever it is that afflicts folks under such circumstances, didn't last long. In a matter of minutes the three of us were talking six to the dozen and the Lord only knows how long we kept it up. What did we talk about? The Lord only knows that, too.

We must have talked about almost everything. Anyway it was fun. Maybe the experience can be repeated one of these days. It isn't often anything like that happens to you. Too often a correspondence friendship busts up when you finally meet. But not when it's Arthur. Not when that boy is on the team!

Letters are still winging their way across the Continent. The January piece, printed here, about "Elbert Hubbard of East Aurora," stirred pleasant memories for Arthur. "It is before me now and I shall peruse it again," he wrote. He told of having been an ardent reader of *The Philistine*, Hubbard's first magazine. In fact, Arthur read everything of Hubbard's he could lay his hands on. He and Fra Elbertus corresponded frequently. It's a pity that those letters have likely long since gone where the woodbine twineth.

The foot of the page approacheth. There's just room to repeat the last line of the May 1952 CORNER: Thanks for everything, Arthur. Thanks for being you.

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Rebuilt...

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AFTER 35 YEARS . COURTESY DR. B. H. DUNMIRE

### rebuilding essential — 1

The restoration of a tooth is more than, say, the repairing of a plaster wall. A tooth is an organ, living and functioning, and so requires more than filling or patching. To be restored to virtual integrity, it must necessarily be rebuilt!

True rebuilding requires certain definite conditions. As concerns the material for replacing the lost tooth structure, the first essential condition is that it be equally durable. If its power of resistance to destructive agencies is less, then the tooth is not restored to virtual integrity—it is obviously not truly rebuilt!

As demonstrated daily, only one material fulfills the rebuilding essentials completely. This boon is Gold Foil! Its indestructibility is absolute. Being insoluble, nonoxidizable, and impermeable, it can withstand the fluids of the mouth longer than the tooth itself. It could defy them even for a thousand years!

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with an ALL NEW Ritter Instru-matic® Unit

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Ritter

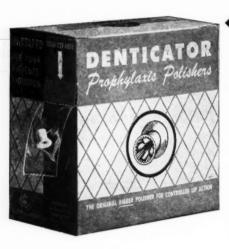


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Used exclusively with the DENTICATOR Prophylaxis Handpiece, for Speed — Performance — Endurance

Two-way rotary action gives you TWICE the wear of 1-way ordinary screwshank type Handpieces



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### DENTAL PAIN

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SECOND, the appropriate form of Phenaphen or Phenaphen with Codeine may be prescribed.

In each form, a true pharmacodynamic synergism of the ingredients, presented in safe, conservative dosage, enhances their analgesic potency.

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- basic non-narcotic formula

 Each brown and white capsule contains:

 Acetylsalicylic acid
 162 mg. (2½ gr.)

 Phenacetin
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Phenaphen No. 2
PHENAPHEN WITH CODEINE PHOSPHATE 1/4 GR.

Each black and yellow capsule contains:
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Codeine phosphate .................................. 16.2 mg. (½ gr.)

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PHENAPHEN WITH CODEINE PHOSPHATE 1/2 GR.

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Codeine phosphate ................................... 64.8 mg. (1 gr.)

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If protection of the remaining natural teeth is a partial denture function, gold alone has the resiliency to do it. Ney-Oro G-3, with more than three times the resiliency of any other type of material, does this job superlatively well.

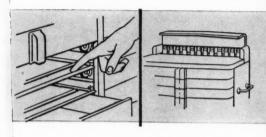
- Teeth are lost from trauma, and G-3's resiliency helps avoid traumatic loss.
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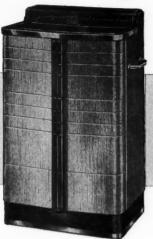
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### SENSITEX

### for Sensitive Tooth Surfaces

Sensitex is applied to tooth surfaces which are sensitive because of chemical or mechanical abrasion, gingival areas and to roots after surgical pyorrhea; after grinding teeth for crowns or occlusion; before setting regulating bands, to retard decay.

It is a composition of a number of metal chlorides which "seals the surface" and does a better job than any other similar material. It will not stain nor injure tooth substance.

\$2.50 per bottle

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The tablets are supplied in bottles of 50 and are convenient economical and stable. The powder is still available in 8 gram bottles; both having the same composition.

The Zinc Oxide Compound is zinc oxide and calcined magnesium. The Eugenol Compound is eugenol, phenol and plastic resin.



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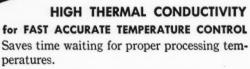
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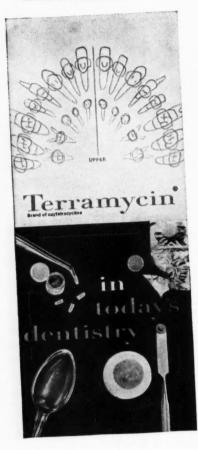
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Cones with tetracaine
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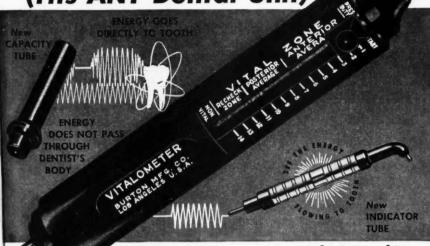
- 1. Pollock, S. L., and Archer, W. H.: Penn. Dent. J. 20:10 (March) 1953. 2. Winter, L., Jr., and VanGaasbeek, B.: New York State Dent. J. 18:119
- B.: New York State Dent. J. 18:119
  (March) 1952.
- 3. Morin, G. E., and Nathanson, I. G.: J. Oral Surg. 11:307 (Oct.) 1953.

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Dental Department
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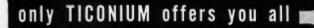
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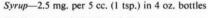
Adrenosem checks bleeding by decreasing capillary permeability and promoting retraction of severed capillary ends. It aids in maintaining capillary integrity by direct action on the capillary walls.

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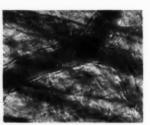


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To confirm the action of Adrenosem, the cheek pouch of a hamster was irritated with snake venom, which has the property of making the capillaries more permeable. A great many petechiae appeared on the surface and a 500 X magnification showed the capillaries with extravasation of erythrocytes. Another animal was treated with Adrenosem, and 30 minutes later, the same amount of snake venom was used to irritate the cheek pouch. Microphotographs show the capillary walls intact and the blood cells coursing through the capillaries, without signs of escaping erythrocytes.



Trauma from snake venom produces hemoconcentration and stasis, indicative of altered vascular permeability.



Trauma does not produce petechiae following Adrenosem injection.

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Left upper quadrant.
Multiple extraction without Adrenosem. Note seepage. Frequent suctioning is required.



Same patient, right upper quadrant. After Adrenosem therapy. Note clearer field. Minimal bleeding.



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# vol. 45, No. 4 Oral Hygiene

APRIL 1955

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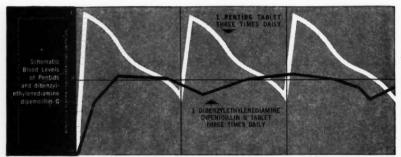
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EDITORIAL OFFICE: 708 Church Street, Evanston, Ill.; PUBLICATION OFFICE: 1005 Liberty Avenue, Pittsburgh 22, Pa.; Merwin B. Massol, Publisher; Robert C. Ketterer, Publication Manager; Dorothy S. Sterling, Promotion Manager; Homer E. Sterling, Art; John F. Massol, Assistant to Publication Manager. NEW YORK: 7 East 42nd Street; Stuart M. Stanley, Vice President-Eastern Manager. NEW YORK: 7 East 42nd Street; Stuart M. Stanley, Vice President-Eastern Manager. CHICAGO: 866 Peoples Gas Building; Carl Schulenburg, Southern Manager. LOS ANGELES: 1709 West 8th Street; Don Harway, Pacific Coast Manager. Copyright, 1955. Oral Hygiene, Inc. Publishers of Spanish Oral Hygiene, Dental Digest, and Proofs, The Dental Trade Journal. Member of Business Publications Audit of Circulation, Inc. and National Business Publications. Inc. Printed in U.S.A. Oral Hygiene's subscription price is \$5.00 per year in the U.S. and Canada; \$5.75 elsewhere.

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## Picture of the Month



DENTISTS in the desert city of Tucson, Arizona, where a Community Chest Drive was held recently, were proud to be the first of four campaign groups to go over 200 per cent of their quota. Pictured above is the dental group's chairman, Doctor Charles H. Tweed, nationally known orthodontist, holding the triumphant sign announcing that Tucson dentists are the first members of the Community Chest's 200 Percenters Club.—Photograph courtesy Tucson Community Chest.

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.



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# A Dentist Leads Fight

## Against MS

BY HARRY CIMRING, D.D.S.

The multiple sclerotic patient requires special dental techniques.

MS. STANDS for manuscript. And MS stands for multiple sclerosis. This is a manuscript about multiple sclerosis.

D.D.S. stands for doctor of dental surgery. This manuscript concerns a doctor of dental surgery who is concerned with multiple sclerosis.

When Doctor Joseph J. Karpeles, as a student at the University of Southern California, peered down the eyepiece of his microscope in the histology laboratory, he got his first introduction to MS. Only he did not know it then.

There on the slide was a crosssection of a nerve fiber as found in the brain or the spinal cord: the center axone, the outer neurilemma or primitive sheath and the intervening, whitish, fatty, insulating material—myelin.

Later, in his own home, he witnessed many of the symptoms of multiple sclerosis: nystagmus (rhythmic jerking of the eyeballs), intention tremor (that occurring

with purposeful effort), scanning speech (slurring and staccato), visual blurring, double vision, numbness or tingling of the limbs, loss of balance, extreme fatigue, bladder and bowel disfunction, and finally, paralysis.

His own wife suffered from MS for fifteen years, the last half of them bedridden and helpless, before succumbing. His daughter, now 18 and a student at the University of Southern California School of Dental Hygiene, does not remember seeing her mother walk.

First described some eighty years ago by Count D'este, a cousin of \*Queen Victoria, the origin of MS is still unknown. There is no specific cure.

This much is known: the myelin that sheathes the nerves of the brain and spinal cord mysteriously and slowly disintegrates and disappears. Later it is replaced by scar or "sclerotic" tissue. Both processes interrupt and block the



Pictured here are Doctor Joseph J. Karpeles, pioneer in multiple sclerosis work in the Southern California area, and actress Marilyn Monroe, who has assisted the Southern California chapter of the National Multiple Sclerosis Society in raising funds.

nerve impulses traveling along the axones, resulting in sensory, motor and trophic disturbances in the neck, arms, legs, hands and most of the organs. Hence the symptoms of MS.

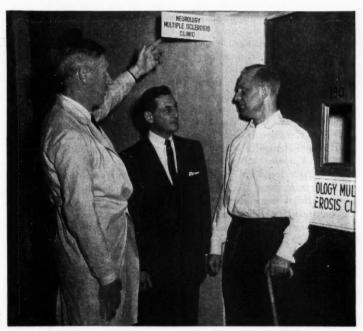
The disease is further characterized by exacerbations and remissions, making the search for treatment and cure uncertain and difficult. Lacking a specific cure, the best plan is to manage the symptoms of the disorder and to retard remissions. Maintaining the physical and mental states of the patient at the highest possible level by diet, rest, relaxation and selected drugs, does the greatest amount of good.

Rehabilitation consists of helping the patient make the best possible physical, mental, social, and vocational use of his remaining abilities and the best adaptation to his disabilities.

Meanwhile, research is going on in many fields in search of evidence to bolster the various theories relative to MS—allergy, nutritional deficiency, blood dyscrasia, virus? With the compilation of evidence will come the cause, and with the cause the cure.

Adults between the ages of 20

and 40 are most vulnerable to MS, presenting both financial and social problems. They are old enough to have started families, but not old enough to have achieved financial security. Since some 250,000 persons are affected with the disease  $(2\frac{1}{2}$  times the number of residuals of poliomyelitis), the community has its hands full, particularly when you consider that often the cases end with the patient bed-



Doctor Augustus Rose, professor of Neurology at the University of California at Los Angeles and head of the Veterans Administration Department of Neurology, poses with Doctor Joseph J. Karpeles and a multiple sclerosis patient at the University's diagnostic MS clinic, the only one of its kind in the United States.—Photographs by Hal Moulin, Los Angeles,

ridden and helpless, dependent upon others for his every need.

In 1946, Miss Sylvia Lawry placed an advertisement in the classified section of the New York Times. Her brother was a victim of multiple sclerosis and little was offered in the way of help. Out of this ad grew the National Multiple Sclerosis Society, which now has over sixty chapters across the country. The response to the announcement was overwhelming. And while little or no information resulted concerning the disease, its prevalence was dramatized.

The Southern California chapter of the National Multiple Sclerosis Society, presently the strongest in the society and responsible for a major portion of its annual funds raised, was founded in 1947 by Doctor Karpeles, Doctor Tracy Putnam, and Henry Kaiser Jr.

Doctor Karpeles was secretary of the chapter from 1947 to 1950 and chairman from 1951 to the present. He is a member of the national board of directors and telethon chairman of the national society.

#### California Attracts MS Victims

The Southern California chapter achieved its prominence, first, because of the selfless devotion of men like Doctor Karpeles and, second, because so many of the MS sufferers have migrated here on advice of physicians. Since three and one-half times as many cases occur in a cold climate, it

was believed empirically, that a milder climate might be beneficial.

The work of the local chapter, repeated on a lesser scale by the others in the society, consists of research programs at medical institutions and universities, treatment clinics at the Cedars of Lebanon Hospital, White Memorial Hospital, Los Angeles County General Hospital, and Rancho Los Amigos, and the only diagnostic neurology clinic on multiple sclerosis in the United States at the University of California at Los Angeles.

The most successful method of securing funds to combat MS has been through the medium of the telethon: a day-long television program featuring motion picture stars and other big-name entertainers, as well as civic and scientific leaders, as a basis for an appeal.

Doctor Karpeles was educated in Los Angeles at Jefferson High School and the University of Southern California College of Dentistry, graduating in 1931 with his D.D.S. and B.S. degrees. He practiced in Solvang, California, for nine years, returning to Los Angeles in 1942. He is a member of the Los Angeles County Dental Society and past chancellor commander, Knights of Pythias.

In an article published in the September 1954 Journal of the Southern California State Dental Association, Doctor Karpeles stressed the responsibility of the dental profession to the victims of multiple sclerosis.

Because the disease involves the hands and arms, toothbrushing becomes difficult. Excursions of the tongue may become restricted, resulting in inability to remove food from the teeth, gums and palate. The bedridden patients may be unable to visit the dentist, so that oral hygiene must be carried on by others, and the family dentist must visit the patient at the home.

As a result, dentists must practice a great deal of preventive dentistry for multiple sclerotics. Cavity preparation must be letterperfect, extending all pits and fissures, flairing all margins into self-cleansing areas, and applying silver nitrate to all questionable areas. Contacts must be restored, filling materials correctly placed and highly polished.

Fixed bridges should employ full crowns. Removable bridges should contain the proper saddle and clasp design, avoiding all food traps. Because of weakened masticatory muscles, full dentures should be avoided and abutment teeth preserved wherever possible.

These patients should be seen more than twice a year for prophylaxis and, further, should be placed on a high protein, vitamin and mineral diet.

Almost without exception, concludes Doctor Karpeles, the multiple sclerotic is a cooperative and grateful patient. In providing adequate dental care to such a less

fortunate person, the dentist will be supplying a commendable community health service.

5720 Wilshire Boulevard Los Angeles 36, California

#### THE COVER

PICTURED on this month's cover is Milwaukee's Washington Park Zoo. The eighty-fifth annual meeting of the Wisconsin State Dental Society will be held at the Milwaukee Auditorium and Hotel Schroeder, Milwaukee, Wisconsin, April 25 to 27. Thirteen study courses will be presented in addition to an essay program on subjects of significance to dentists. For detailed information about the program and accommodations please address Doctor A. E. Kopp, Secretary, Wisconsin State Dental Society, 704 West Wisconsin Avenue, Milwaukee 3, Wisconsin.

#### MENTAL HEALTH-EVERYBODY'S BUSINESS

"MEN AND women who have a sense of well-being, a zest for working and playing, who have a daily-felt sense of happiness are mentally healthy. The attainment of such a sense of well-being is everybody's business."—

The Psychiatric Bulletin.



This 24' x 14' reception room has walls of ponderosa pine and a floor of asphalt tile, is equipped with an inter-com for calling patients.

# An Office Design for Oral Surgery

WE HAVE asked Doctor George W. Matthews of Birmingham, Alabama, to let us describe and show pictures of his new clinic building, which he and his associate, Doctor Thomas W. Jones, moved into last year. The floor plan of this 3200 square foot building and eight ac-

companying photographs reproduce in detail most of its rooms. Not shown is a small diet kitchen in the nurses' room in the rear where light meals are prepared for patients and personnel.

Two corridors, five-feet wide, eliminate the feeling of claustro-

## If you are planning to build an Oral Surgery Clinic, here are some ideas to guide you.

phobia that a long, narrow corridor gives many people.

Heating and air conditioning are through the same ducts which are thermostatically controlled.

A music system for soothing apprehensive patients has outlets in the ceilings of the reception room and the nine recovery rooms.

This clinic has two private offices; the one not shown pictorially is smaller but of identical finish.

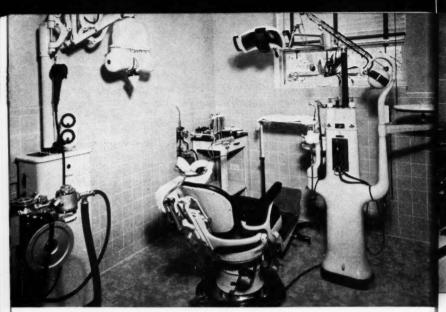
The secretary's foyer has draw drapes that can be pulled when anesthetized patients are being moved to recovery rooms. A pedestal cuspidor is located near the exit door for the convenience of patients. The exit door is on the side of the building, so that patients do not leave via the reception room. Rest rooms are located to the left of the foyer.

The central scrub room, which opens into both corridors, eliminates the necessity of having a lavatory in each operating room and is recommended for a general practitioner also.

Five operating rooms are  $10\frac{1}{2}$  x 9′, which size is necessary where an operating team is working under general anesthesia. A gen-

Attractive exterior of the Matthews-Jones Oral Surgery Clinic, showing the steps which lead to a private parking lot with accommodations for fifteen cars.

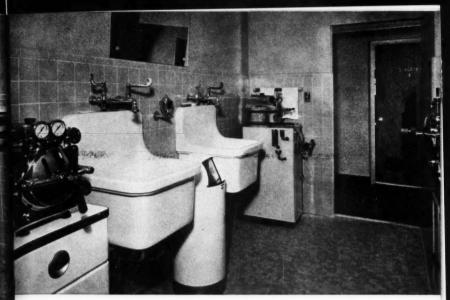




The instrument and utility room has a soiled linen chute, electric refrigerator, inter-com system and annunciator board.

One of the five operating rooms with walls of green glazed tile and floor of a green and grey pattern of ceramic tile.





The scrub room has openings into both corridors, serving operating rooms on each side of the building.

Three of the nine recovery rooms with identical built-in bunks, showing guard rail and drawer space beneath. (Photographs by A. C. Keily Studio, Birmingham, Alabama.)

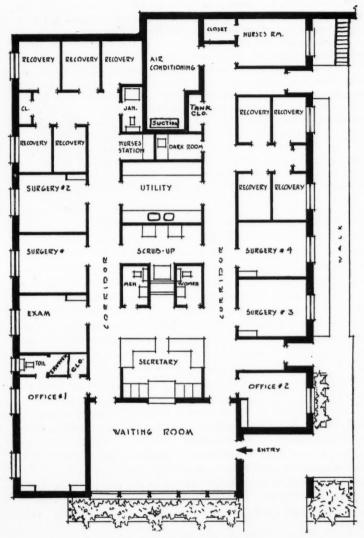




Secretary's foyer has a window opening into the reception room and a pedestal cuspidor near the exit.

The private office has a recessed x-ray view box behind the desk, and the other plate next to it is an inter-com speaker.





Floor plan of the building.

eral practitioner, of course, would not need as large rooms. Each of the rooms has piped suction from a central system, and the nitrous oxide and oxygen are also piped into the wall valves from a central tank closet in the rear. Also, each operating room has a recessed view box and inter-com on the right-hand wall, which is not shown pictorially here.

The instrument and utility room, like the scrub room, opens at each end and serves both corridors. After use, instruments are brought to the left-hand bench where they are scrubbed, sterilized, and set up on trays. There are openings located in the corners of the bench tops for soiled sponges, waste, and other debris. The annunciator board has a light for each recovery and operating room to indicate a call for a nurse.

The built-in bunks in the recovery rooms are much more satisfactory than beds and afford much storage space underneath.

The architect was Lawrence S. Whitten, Birmingham, Alabama.

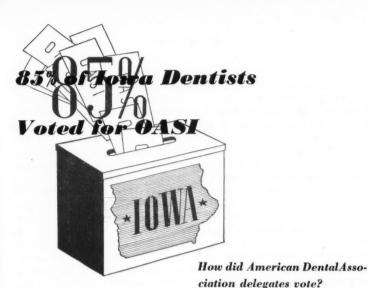
#### **DENTAL TIME OFF URGED FOR PUPILS**

THE United States Public Health Service urges school systems to give pupils time off to go to the dentist. *Public Health Reports*, an official magazine of the service, even included a simple "Dental Permission Form" for school records and the text of a model law on the subject.

Doctor Leonard F. Mencser of the Hartford, Connecticut, Health Department, in giving reasons favoring the plan said that if all the dentists in the United States spent their time exclusively on children, there still would not be sufficient dentists to meet the demand. And more important, a dental appointment after a long and perhaps difficult day at school might be more than some children could bear emotionally. A dentist serves children best during the early morning and early afternoon hours.

Typical of points of view opposed to "time off" is that of a superintendent: "We do not believe that a child's health status should be maintained at the expense of his education."

From a superintendent who favored "authorized absenteeism": "It is the feeling of our administration that today's modern dentists and physicians do considerable health education at the time of these dental appointments. The child is most receptive to learning at a time when he is actually experiencing something himself."—From the New York Times.



BY L. D. WEEKS, D.D.S.\*

IN A LONG letter, read to our Des Moines District meeting, from the materials which our American Dental Association Council on Legislation used in opposition to OASI for dentists, there are two or three conflicting statements. In the early part of the letter our committee attorney tells of the unsoundness of the program because a dentist in a lifetime pays in some \$15,000 and then draws out \$25,-000. Therefore, he says, it takes the payments of 21/2 other people to make up the \$10,000 loss to the fund. Then after a lot of intervening space, he apparently forgot

\*Extracts from article by Doctor Weeks published in *Iowa State Dental Journal*, February 1955. about the first instance and tells that the poor old guy pays in some \$15,000 and dies at age 68; hence loses \$10,000, so the program is unfair. In his first instance the program loses \$10,000, and in the second instance the dentist loses \$10,000.

I cannot see how it takes  $2\frac{1}{2}$  other dentists to pay up that \$10,000 deficit in the first case when the one dentist alone paid in \$15,000.

These are the actuarial facts. The two cases mentioned really prove the soundness of the program even though the committee attorney chose two extreme cases to make the program look bad.

It is the same with all insurance. If some did not pay more and collect less than others, there would be no insurance companies. You pay for protection in any insurance program.

Every argument the Council on Legislation used against OASI applies to fire insurance, health and accident insurance and ordinary life insurance.

The ADA is sponsoring health and accident insurance. According to their own argument, that is unsound because Doctor John Doe paid into it for 40 years and never collected a dime, while young Doctor Bill Smith paid one premium, had an attack of poliomyelitis and lived in an iron lung for 5 years and died. Now, wasn't he lucky! He collected on his ADA policy for 24 months only, which is the limit on that policy. At Bill's death, the OASI program would have paid support money to Bill's widow and children until the children reached age 18 and then to his widow from age 65 until her death. For the man who lives to age 65, OASI treats old age the same as a disabling disease.

Now, do not misunderstand me; there is nothing wrong with the ADA health insurance policy—it is a good thing. I cannot see how any young dentist could find a better program than to take the ADA policy for emergency and short-term sickness protection, then have the OASI for protection of his widow and children in the event of his untimely death.

I wonder if our Council on Legislation and our ADA officials, who consider it unfair for a dentist to pay into OASI and never collect, have dropped their fire insurance, health and accident insurance, and liability insurance?

I have paid out an average of \$500 a year for 30 years for that kind of insurance, and I consider myself lucky that I have had to use it but seldom.

OASI is actually two types of insurance. First, it provides life insurance protection for the dependents of the dentists. Second, it provides a retirement income at age 65 or later. Retirement at age 65 is not mandatory. The purpose of this program is an effort on the part of the Congress to devise a system under which there would be replaced a part of the financial loss suffered by a person at his retirement (whether forced or voluntary) or suffered by his dependents (widow and children) in the event of his untimely death.

#### What Can We Do?

This same Doctor J. Claude Earnest of the Council on Legislation unwittingly gives us the answer. He stated to the Senate Finance Committee, "The House of Delegates is the democratically elected group, which establishes association policy. Its more than 400 members are elected to membership for terms of from one to five years—they represent more than 400 component societies. If a delegate does not properly represent his constituents, he probably will

not be returned to the House. Yet in the past 5 years we have heard of no delegates who have been defeated because they voted that dentists should be excluded from OASI."

This is the answer. If the majority of the dentists in our district meetings this spring vote in favor of OASI, then each district should elect delegates and a trustee who are known to be favorable to our inclusion in OASI. If any holdover delegate or trustee refuses to comply, he should be replaced.

Then at the state meetings, these trustees should elect delegates for the ADA meeting in San Francisco who will vote as instructed by the majority of Iowa dentists, and any official or delegates who refuse to comply should be replaced. That is the suggestion of our ADA Council on Legislation and it is democracy at work.

If the majority of the dentists in the district meetings vote against OASI, then delegates should be elected who will oppose inclusion. It is up to you individual dentists to make known your desire, and then it is up to our officials to comply with it.

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I have heard that some of our

Iowa delegates to the ADA have flatly stated that they will vote as they please, regardless of the wishes of the membership. If that is true, they should be replaced.

A January 1955 poll by the Iowa State Dental Society of its entire membership shows that 799 voted in favor of OASI and 148 opposed it. In an editorial in the January 1955 Journal of the American Dental Association, the editor accuses those who favor OASI of paternalism in government. It looks very much to me as though we Iowa dentists, along with a vast majority of all dentists, are being subjected to paternalism by our ADA officials and the Council on Legislation, or should I say dictatorship?

There may be some corrections needed in OASI, but it is the outgrowth of a study of insurance plans and is based on actuarial facts. It certainly is worth all it costs for the protection it gives the young man's family and for the elderly man who is unable to earn.

If it is not worth all it costs, then *no* insurance program is worth what it costs.

201 East First Street Indianola, Iowa

#### THE PRACTICE OF MEDICINE

IT HAS been said that the science of medicine is in knowing the patient's illness and its management; the art is in knowing the patient himself and how to persuade him to accept one's conclusions.—From an editorial, Southern Medical Journal.

# Suggestions for Guidance of Dentists Establishing Identity of Disaster Victims

BY TED P. BRADLEY, D.D.S. and L. W. MILLER, D.D.S.\*

WHEN IT became evident that there would be some difficulty in identifying some of the victims of the air disaster over Moose Jaw, Canada, the authors of this article were called upon to render assistance.

The first identifications were initiated at the request of the next of kin who had the victim's dentist telephone to give a detailed dental description of the person. A chart was made of this information and, by examining those unidentified, the identity was established and each body released in turn.

T.C.A. officials then asked the authors to help by making dental examinations of the victims. At the same time the Red Cross sent

Doctor T. C. Brown from Toronto to organize an identification team. This team consisted of Doctor Maurice Ernest, the pathologist, the authors, and the local police. The dental conditions of the remaining bodies were charted. The Red Cross then obtained as much information as possible from relatives and dentists of those involved in the disaster, and when this information was compared with the findings from the oral examination of the bodies, identification was established.

Positive dental identification was established on seven of the bodies, while only suggestive identification was achieved on the other four. However, all eleven bodies were tentatively identified by dental evidence, and these all proved correct when other information became available.

In two instances only one lower

<sup>\*</sup>Reprinted from the Journal of the Canadian Dental Association, Toronto, Ontario.

molar remained in the body but this information was valuable in that it excluded the possibility of it being someone who was known to have been edentulous in that area.

Gold restorations and dentures were of particular value, since even the next of kin could often give a reasonably accurate description of them, and therefore a tentative identification could be made and later confirmed by the victim's dentist.

Undoubtedly positive identification would have been difficult if not impossible in many cases without dental evidence. This was particularly true in those bodies which were severely burned.

A body is not identified by one line of evidence alone, but by several types of which dental evidence is the most conclusive.

The following points are listed as suggestions for the guidance of dentists establishing identity of disaster victims:

1. Have the Red Cross, or other organization, get an accurate dental description of the victims at once. There may be more than one dentist to consult. These records should include:

a. Exact location of restoration—that is, M. O. Amalgam Upper Left First Molar.

b. Any gold restorations—inlays or bridges.

c. Dentures—full or partial—complete description as to materials. In the case of partial den-

tures—type, teeth replaced, teeth clasped, kind of clasps.

d. All extracted teeth and edentulous areas.

2. Use the name system for location. Ask the victim's dentist to name the tooth and quadrant and not to use numbers—numbers lead to confusion, since some charts are numbered differently from others.

3. If accurate information is not available, a general layman's description may be of value—that is, had gold teeth, crooked anteriors, dentures, protruding teeth.

4. All information should be charted with the victim's name, sex and age and kept in the central office.

In the meantime, a team of dentists should examine all bodies likely to be difficult to identify.

a. Number each chart to correspond to the body—note sex and apparent age if possible (pathologists can usually supply this).

b. Chart each mouth completely for:

Restorations—kind and location Edentulous areas

Teeth or jaw segments missing due to accident

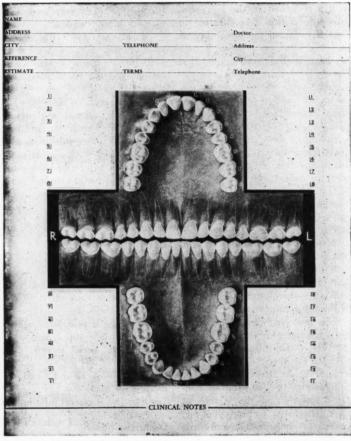
Dentures-material

Partial dentures—extent and abutment teeth, type and material Evidence of partial dentures

Gold restorations (of particular value)

Recent extractions

c. Note and chart any dental irregularities such as: Crowded anteriors



One type of anatomic dental chart that may be used for identification.

Lapped or torqued teeth

Periodontal condition, if significant

Any retained deciduous teeth in adults

d. Caution must be used in noting silicate or plastic restorations, both in the interproximal and gingival areas since these are easily missed.

e. Instrument kit should include a good flashlight, scalpel, probe, mouth mirror, pry for opening jaws, and rubber gloves.  Chart in pencil, and recheck each body so errors can be corrected.

After completion of postmortem examination, the charts should be returned to the central office for matching with charts made up from information gathered from victim's own dentist.

Even scanty information is valuable. For example, perhaps only one tooth remains in the mouth. This would preclude the possibility of a full denture on that arch and may be of value in a negative way, by proving that the body was not

that of someone who was known to have a complete denture.

The arch-type charts are superior to the linear type for this procedure.

Recheck bodies if in doubt, or request recheck of dental history.

Do not expect all restorations on body to be on history chart, but question all restorations on history chart, which are not found on the body.

All dental materials found near the body should be handed to the investigating team.

#### **EXTENSION COURSE FOR DENTAL ASSISTANTS**

A University of North Carolina Extension Division correspondence course of twenty-five lesson assignments for dental assistants, including home study and office laboratory exercises, was approved by the American Dental Assistants Association at its Miami meeting.

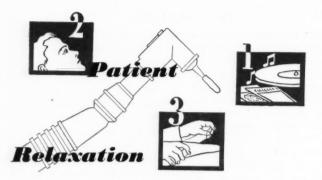
The course is designed to be a challenge to the newcomer as well as the experienced dental assistant, and it was developed through the cooperation of the Dental Assistants Committee of the North Carolina Dental Society and faculty at the University.

More than 100 girls are now taking this course, thereby satisfying the educational requirements in preparation for the certification examination of the American Dental Assistants Association. The tuition, including all materials from the Extension Division, is \$50.

For further information or to enroll, write the Extension Division, University of North Carolina, Box 1050, Chapel Hill, North Carolina.

#### LONDON DENTIST SCORNS LIPSTICK

A DENTIST posted this notice outside his London, England, office recently: "Lipstick! I will not attend to any woman with this filth on her lips. I am tited of getting it on my fingers and instruments. Before I attend to you, go home and scrub it off."—From Los Angeles (California) Times.



#### BY IRVING H. BARNETT, D.D.S.

It is within the capacity of every practicing dentist, whether a specialist or general practitioner, to relax his patients so that they will accept the routine dental procedures and operations more easily. Relaxed patients are happy patients, and this in turn makes the life of the dentist an easier and more contented one. It is a wellknown fact that one who can accomplish his daily activities in a relaxed manner, will enjoy his efforts and live longer and better; this is especially true for us who have chosen dentistry as our life's profession.

The average dental patient approaches each appointment with fear and an imagination which is highly charged, be it a conscious or an unconscious one. Do any of us doubt that this supercharged imagination exists? Recall those patients who became faint after an injection of procaine, those who

jumped when the revolving bur touched the solid enamel of the tooth, those who will not have the "needle" or go to sleep under a general anesthetic, those who come to see us with hundreds of preconceived ideas of the horrors of dental treatment. These ideas, which have accumulated since early childhood and most of which lie dormant in the subconscious mind, come to the surface and result in patients haunted by fears.

How can we rid our patients of these fears and preconceived notions? How can we get our patients to relax and accept routine dental treatment? There are three methods employed in the dental office. First, we use the humane approach in patient relationship, which we call the "chair-side manner." This begins the moment a patient enters the outer door opening into the reception room, for immediately there is a feeling of hominess. There is no stark professionalism in the reception room,

#### Three techniques to aid in relaxing patients are described here.

but a spirit of relaxation that the patient finds in his den at home. Dental charts, magazines and pamphlets on dental operations are absent. The patient who must wait looks through magazines with many pictures; soft music comes through a speaker which leads from a hi-fidelity FM radio or long-playing phonograph. At once the patient tends to relax.

When the patient is ushered into the operating room, always greet him so that he knows you are glad to see him. At all times during the dental operation, be sympathetic and understanding so that he will know you are doing all in your power to do the best you can with the least discomfort to him. This is what is meant by the "chair-side manner," or routine humane approach, which all practicing dentists should use with every patient.

The second method of relaxing patients is with medication, or the use of drugs. These are local anesthesia, general anesthesia, analgesia, barbiturates, and others. This article will not delve into this phase as it is familiar to every practitioner.

The third method of relaxation for patients is used whenever the first method fails and the second is not to be used. This method is called "Patient Relaxation by Hypnotic Technique." Those dentists

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who are averse to the term "hypnosis," or will not have anything to do with hypnodontia, can still relax their patients with this technique, as no deep trance need be attempted—only relaxation, pure and simple by an easily learned technique, which takes about seven to ten minutes in its use.

#### **How to Hypnotize**

The method used is as follows: seat the patient in the dental chair, avoid extraneous sounds and bright lights, but do not darken the room. With the patient comfortably seated and his head at rest on the head-rest, have him fix his eyes on a given spot upward. Proceed by saying, "I want you to relax completely. When I pick up your hand, let it fall limp without any help from you." Pick up his hand and let it drop in his lap. "No, you helped me that time; let it relax so that it is like the hand of a rag doll." Repeat until the hand and arm are completely relaxed. Continue, "That's fine; now relax your legs and let them be limp too. Now take a deep breath and let it out slowly, relaxing your diaphragm. Now concentrate on your toes; you will feel a warm, tingling sensation in your toes." (Pause.) "Spread over the soles of your feet." (Pause.) "Up your legs." (Pause.) "Through your abdomen and chest." (Pause.) "Into your neck and jaws; relax your jaws." (Pause.) "Relax them still more. Now relax your cheeks; now your eyes." (Pause.) "Your eyes are getting heavier and heavier." (Pause.) "You can hardly keep them open. They are closing."

Most patients will close their eves at this point. If the patient does not do so, continue with, "Your eyes are getting tired and heavy, tired and heavy. You may close your eyes. Smooth out the wrinkles in your forehead and make your mind a blank. Eliminate all thoughts and sounds except my voice. Relax; relax; relax. You are entirely relaxed both in mind and body. Just relax; completely relax." Repeat this phrase several times in a soft, persuasive tone of voice. The patient, with his eyes closed is in a light hypnoidal, relaxed state.

#### **Patient** is Relaxed

Now three suggestions are routinely given:

1. "Keep your eyes closed and remain relaxed for two minutes. I will leave you alone, but I will return at the end of two minutes. Do not arouse yourself."

"After I return I will arouse you, and you will be pleasantly and cheerfully relaxed for the remainder of your dental appointment."

3. "You will always relax quickly and deeply with this method each time that you come here for your dental appointment."

Leave the patient for about two minutes, return and say, "You may now open your eyes, completely relaxed and refreshed." If the patient does not open his eves immediately, do not become alarmed; he may be thoroughly enjoying his relaxed state, or he may possibly be in an hypnotic trance. In either case, tell him. "When I count to three, your eyes will open and you will be wide awake. One, two, three." No one has ever been unable to wake up regardless of how deep the trance state, so never be alarmed.

This technique of patient relaxation is quickly mastered by the operator, does not take a lot of valuable office time, and is much appreciated by the patient. It is being used successfully by thousands of dentists as part of their daily office procedure for good "patient-doctor" relationship.

20 Morristown Road Bernardsville, New Jersey

#### USC OFFERS POSTGRADUATE DENTAL COURSE

A COURSE entitled Comprehensive Review of Dentistry will be offered at the University of Southern California May 2 to June 17, 1955. Inaugurated last year, it is designed for the practicing dentist and is of particular interest to those who wish to qualify for state board dental examinations. For information, write to Francis J. Conley, D.D.S., Director, Postgraduate Instruction, University of Southern California, School of Dentistry, Los Angeles 7.

# So You Know Something About

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**DENTISTRY!** 

#### CXXVII

- 1. Why do injuries to the gingivae heal rapidly?
- 2. Increased operating speed of burs (a) increases, (b) decreases, (c) does not change, the temperature.
- 3. True or false: In general, the incorrect labiolingual or buccolingual occlusion of any of the teeth threatens the development of normal alveolar bone and requires mechanical correction.

- 4. The load on abutment teeth can be lightened by (a) narrowing the width of the retainers and pontics, (b) reducing the height of the inclined planes.
- 5. Does the anterior border of the ramus of the mandible meet the posterior end of the alveolar process?
- Contra-angles lubricated with silicones will run somewhat (a) cooler, (b) warmer, than when lubricated with petroleum oils.
- 7. Is there any really safe storage medium for alginate impressions?
- 8. Abrasion of tooth surfaces is
  (a) most, (b) least, marked
  when accompanied by an acid
  environment.
- 9. What is alveolectomy?
- 10. True or false? The edentulous mouth is seldom infected.



## **DEAR ORAL HYGIENE**

#### **Dental Laboratory Advertising**

Because of the unfavorable comments caused as a result of your publishing the article entitled, "Statute Prohibiting Dental Laboratories Held Unconstitutional" in the January 1955 issue of ORAL HYGIENE, I am requesting that

you publish this letter.

The author of this article has taken from the opinion on the case, Amsel Vs. The Dental Commission, recently decided by our highest court here in Connecticut, only that part dealing with advertising and fails to mention the important aspect of the determination of the legal relationship existing between the dentist and the laboratory. The author has apparently, either deliberately or unwittingly, confused the issue. First, Connecticut has no Dental Laboratory Practice Act, and, second, the amendment to which he refers was no part of the statute which prohibits certain types of advertising by dentists, but was an amendment to the definition of the practice of dentistry. From a reading of the article, it would seem like a resounding victory by the laboratories against the dental profession, while the effect of it is actually to define clearly that a technician or a laboratory can do nothing except upon the direction of a duly licensed dentist, and after the service is completed, the bridge, appliance or denture must be returned to the dentist upon whose direction the service was performed.

For failure to comply with this provision of the law, severe money penalties and jail sentences may be imposed by our criminal courts, and the Dental Commission is armed with injunctive authority to enjoin anyone who violates this law. Since 1937, the dental profession of Connecticut has zealously through its Association sponsored legislation for the protection of the public, and the Amsel case is the culmination of this effort.

Justice Baldwin, author of the opinion of the court in the Amsel case, unfortunately failed to grasp the peculiar relationship between the dentist and patient and the part the laboratory plays, and since the advertising feature was only a collateral issue not raised in the merits of the case nor in argument, it is unfortunate that the court, on its own, declared the feature on advertising to be unconstitutional. It is hoped that in the near future the matter of advertising will be cleared up by an amendment to the existing act or by a judicial interpretation if another case is presented.

Because of the confusing reaction caused by your recent article, we here in Connecticut should appreciate straightening out the author, if he desires enlightenment on the facts.—LUKE H. STAPLETON, General Counsel, Connecticut State Dental Association, Cheshire, Connecticut.

#### Pennsylvania Dentists Want OASI

I wish to congratulate you on the editorial in the January issue of Oral Hygiene on the Hazards Of Middle Ace For Dentists. It is a superb summing up. It represents just one more reason why we dentists should reconsider Old Age and Survivors Insurance.

After careful consideration, the House of Delegates of the Pennsylvania State Dental Society, by unanimous vote, asked that the American Dental Association at the meeting in Miami this past year press for OASI for dentists. However, the ADA voted against it, although by a smaller margin than before. We members from Pennsylvania do not apologize for our action, because it was in response to the wishes of our members. We feel that a dentist who is 65 years old should be free to retire and should not be forced to continue in practice by the hard necessity of earning a living, since dentistry is unlike other professions in that it requires a high degree of visual and muscular coordination, which declines with age. Lawyers and ministers can practice at an advanced age, often with infirmities, but we dentists cannot.

The only objection I have heard to OASI here is that "it will bring on socialized medicine." However, the Nation has had OASI for twenty years; yet we do not have socialized medicine. In fact, Congress is not at present interested in it. Furthermore, dentistry should not be held responsible for the mistakes of medicine. But I am talking about insurance. Let us not be confused by the sound of words. There is no connection between socialized medicine and insurance. We are living in the last half of the twentieth century, in a world of high technical advancement. Insurance is the only protection we have against the hazards of accident. middle age, and the certainty of death.

I think that the dentists already covered by OASI, including our officers, should here and now disqualify themselves from entering into the discussion of this issue. Let those of us who do not have OASI do the talking. As the late, great Doctor W. Earle Craig, trustee for the ADA from Pennsylvania and my neighbor in Crafton for many years, said shortly before his untimely death, "I have it; I'm not saying anything against it."

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Personally, I have practiced for twenty-five years; I want to quit at the age of 65. But I am just an average dentist in general practice, and I do not save enough money for retirement. I notice, however, that all the wage earners around me are provided for, including the office cleaning-woman. I also note that many of my patients who are in the high-income brackets are glad to have OASI. They plan to add it to their already established pension plans. All of them, the high and the low income groups, can retire without fear—all, that is, but the dentists.

As my life approaches its ultimate finality, I am more and more concerned with what I shall have to live on during my old age. With declining faculties, my practice will grow smaller and my income will drop. What if I live too long!—Joseph S. Frost, D.D.S., 185 Noble Avenue, Crafton, Pittsburgh 5, Pennsylvania.

#### **Prepaid Security**

The American Dental Association, in its appeal to members every year for the Relief Fund, indicates the need is great, and yet its delegates vote against Old Age and Survivors Insurance. I wish I knew if the delegates had, or had not, eaten before voting.

Dentists do not want charity; they want prepaid security. No dentist should be subjected to the indignity of relief status at age 65. All our lives we have been participants in social life. We do not want the humiliation of voluntary withdrawal from society.

Ninety per cent want social security coverage. Please help us get it. I am sure we all will be forever grateful.—
R. W. Thompson, D.D.S., 613 Hall Building, St. Petersburg, Florida.

#### OASI a Personal Problem

It is evident that the rank-and-file members of the dental profession want OASI and that Congress must be so advised. The only reason we do not have it now is because of the unwarranted interference of the American Dental Association, which has no right, I submit, to pursue its autocratic stand on this question.

OASI is not a dental problem. It is, rather, a matter of finances, and no delegate in this country has the right to appoint himself arbiter of my personal financial status. In a Massachusetts poll vote of dentists taken about a year and a half ago, the total was approximately 1100 to 50 in favor of inclusion in OASI.

The way to correct this injustice is

for dentists all over the country to come out of their apathy and let Congress know how the average man feels about being excluded from OASI. The Government, apparently, is willing to include dentists, but Congressional committees have been confused and do not realize that the ADA is not talking for the average professional man. This is easily proved by the fact that at the Miami Meeting, voluntary inclusion was defeated by only 27 votes.—H. P. HORRIGAN, D.M.D., 1537 Main Street, Springfield 3, Massachusetts.

#### SO YOU KNOW SOMETHING ABOUT DENTISTRY!

(See page 459 for questions)

#### ANSWERS TO QUIZ CXXVII

- Because of the high vascularity and the bacteriostatic quality of the saliva. (Sarnat, B. G.; and Schour, Isaac: Oral and Facial Cancer, Chicago, The Year Book Publishers, 1950, page 82)
- (a) increases. (Peyton, F. A.: Temperature Rise and Cutting Efficiency of Rotary Instruments, New York D. J. 18:445 [November] 1952)
- True. (Nelson, B. A.: Rational Timing of Orthodontic Treatment, JADA 47:143 [August] 1953)
- 4. (a), (b). (Simpson, R. I.: Failures in Crown and Bridge Prosthodontics, JADA 47:154 [August] 1953)
- No; it continues lateral to it as a blunt ridge—the oblique line. (Sicher, Harry: Oral Anatomy, St. Louis, The C. V. Mosby Company, 1949, page 60)
- (b) warmer. (Accepted Dental Remedies, 19th Ed., American Dental Association, 1954, page 77)
- No. (Phillips, R. W.; Price, R. R.; and Reinking, R. H.: Use of Alginate for Indirect Restorations, JADA 46:400 [April] 1953)
- 8. (a) most marked. (Steel, J.; and Browne, R. C.: Effect of Abrasion on Acid Decalcification of Teeth, British D. J. 94:285 [June] 1953)
- The removal of the alveolar process from either the maxilla or mandible by surgical means. (Archer, W. H.: A Manual of Oral Surgery, Philadelphia, W. B. Saunders Company, 1952, page 169)
- True. (Bunting, R. W.: Oral Hygiene and Preventive Dentistry, Philadelphia, Lea & Febiger, 1950, page 54)



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## **TECHNIQUE** of the Month

Originated by W. EARLE CRAIG, D.D.S.

# Maintaining a Dry Field for a Short Period

BY PAUL F. PRICE, D.D.S.

Drawings by Dorothy Sterling from sketches by Mary Berolath



Cut ¾" section from a doubled 2" x 2" exodontia sponge.



Open sponge should have adequate material beyond end of cut for absorption.



Push over lower teeth with or without cotton rolls beneath.



The patient aids the operator in holding the gauze. This method is especially effective with children.

#### Note to Contributors

We invite dentists to submit material for this page. \$10.00 will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter. Submit material to:

Technique of the Month, Oral Hygiene, 1005 Liberty Avenue, Pittsburgh, Pennsylvania

Editor's Note: A department similar to this one, "Clinical and Laboratory Suggestions," appears each month in Dental Digest.



## **Dentists in the NEWS**

Los Angeles (California) Times: Doctor Alfred L. Gerrie, a Pasadena dentist, has received the honor of being elected president of the Pasadena Tournament of Roses. The occasion was the sixty-sixth annual banquet of the association's board of directors. A graduate of Pasadena High School and the University of California College of dentistry in San Francisco, Doctor Gerrie has served on the Rose Tournament board of directors since 1945 and has held the post of secretary, treasurer, and vice president consecutively for the past three years. He has long been active in service for the Pasadena Community Chest.

Des Moines (Iowa) Register: The newly appointed chairman of the Athletic Board of Control at the State University of Iowa is Doctor George Easton, a professor in the College of Dentistry.

Williamsport (Pennsylvania) Grit: Three years ago Mrs. Nicholas Delgalvis, her husband and their three sons and two daughters, arrived here from Latvia as displaced persons. In January, the mother opened her own dental offices at 524 West 4th Street.

Doctor Daina Delgalvis, as she is known professionally, is an experienced dentist, holding licenses from Latvia and England. In order to meet Pennsylvania requirements, she entered the University of Pittsburgh School of Dentistry, from which she has been graduated. While preparing to open her dental office, she has served as a dental

assistant at the State Industrial Home for Women at Muncy.

Boston (Massachusetts) Globe: The appointment of Doctor William D. Washington, Lynn dentist, as a member of the Massachusetts Commission Against Discrimination has been submitted to the Executive Council by Governor Herter. Doctor Washington will succeed Elwood S. McKenney of Newton in the \$5,000 post.

Chicago (Illinois) Tribune: Doctor Mario Trafeli, national skating champion in 1947, a lieutenant (j. g.) in the Dental Corps at the Great Lakes Naval Training center, won the men's senior Silver Skates two-mile championship for 1955 on the Wayeland arena.

Trafeli's victory by a yard over Phil Elliott of Peirce Skating Club, climaxed the finals of the 38th Derbies presented by the Chicago Tribune. Before this last triumph, Doctor Trafeli had won six outdoor championships in the Michigan AAU meets, held the Southwest championship in 1952, and won national indoor honors in Madison Square Garden in 1952 and 1954.

Seattle (Washington) Post Intelligencer: In celebration of his 99th birthday, Doctor E. C. Kilbourne gallantly presented a bouquet of flowers to Mrs. Rebecca Weeks, who was celebrating her 98th birthday. In looking back over the days since he opened his dental office in Seattle in 1883, Doctor Kilbourne recalled that he built the first Seattle electric railway in 1888. He is

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also known as the "father" of Woodland Park, developer of a number of additions north of Lake Union and near Green Lake, and he is still alert and ambitious. For sixty-seven years, he has been an usher in the Plymouth Congregational Church. He attends half a dozen club luncheons weekly and reads extensively.

Doctor Kilbourne's secret of active old age:

"I have nothing to worry about, so I have no load to carry."

New York (New York) Herald Tribune: A talkative robber marched Doctor Charles S. Scheim back and forth through his six-room apartment and dental office at 251 West 91st Street, leisurely collecting a \$5,000 mink coat, a \$100 camera and \$25 in cash. When the dentist answered his doorbell at 11:30 a.m., instead of a patient he was confronted by a trench-coated robber holding an automatic. The visitor tied Doctor Sheim's hands with electric wire and made him accompany him on a tour of the suite.

Scranton (Pennsylvania) Scrantonian: Doctor Harry L. Houck, a Dunmore dentist, was named a director of the Fidelity Deposit and Discount Bank to succeed his father, the late Doctor H. M. Houck, who was chairman of the board at the time of his death.

Seattle (Washington) Times: Credited with being the nation's first woman dentist, Doctor Emma T. Read, 97, who had practiced dentistry almost forty years in San Diego, died recently. She was a native of Missouri and the first woman to be graduated from Chicago's Northwestern University with a dental degree.

Ansonia (Connecticut) Evening Sentinel: An invitation to the Masters' golf championship in Augusta, Georgia, an honor extended only once before to

a Connecticut amateur, has been received by Doctor Ted Lenczyk of the Indian Hill Country Club, Newington.

The dentist-golfer, winner of the Connecticut Open title by a record of seven strokes last year, is to compete in the championship match at Bobby Jones' famous course, where Sam Snead won last year's title.

The Pittsburgh (Pennsylvania) Press: Friends of Doctor C. S. Harris of Greentree report that they are constantly being surprised by his many activities. He has retired three times and says that he keeps busy "loafing." He is a musician who "hates" music. He was an athlete for one school, wrote pep songs for another; he chose his profession the day before he entered the University of Pittsburgh by deciding all the things he did not want to do.

For many years, Doctor Harris practiced dentistry in the Jenkins Arcade. Aside from his profession, his work in the Humane Society has been one of the greatest interests in his life.

He played the cello for four years in the Pittsburgh Symphony Orchestra, although he had previously been a violinist. As a cellist, he demonstrated that it was possible to play many violin compositions which had been thought impossible for the larger instrument. This he did partly by modifying the instrument, and partly by rearranging the score. The instrument change consisted in altering the bridge and narrowing it to bring the strings closer together. He has made transcriptions of the Paganini Concerto in D for cello as well as fifteen of the Paganini Caprices.

Johnstown (Pennsylvania) The Tribune Democrat: Three dentists in the East, West, and South, have distinguished themselves for outstanding civic achievement. Doctor Irwin L. Simkins, Johnstown, Pennsylvania, has received a life social membership in the Walter G. Holmes Club for the Blind. He is one of three persons so recognized by the club in its 15-year history, the award having been made for Doctor Simkins' service among the blind.

In Englewood, Colorado, Doctor Roy C. Lininger, received the Distinguished Key award of the Junior Chamber of Commerce for service to the community in 1954. He was honored for his numerous activities in civic and charitable organizations and is the Englewood Jaycee's chairman of the 1955 March of Dimes drive.

Doctor Morgan Willeford was named

winner of the Frank Harrington Award at the Longview, Texas, Junior Chamber of Commerce's annual installation and Awards Banquet, and was presented with an "E" award.

Scranton (Pennsylvania) Tribune: Doctor Bernard Shair, dentist, was recently elected president of The Friends of the Scranton Public Library at the first meeting of the group, which has been organized to further better library service in the community and to create interest in the library among residents of this city.

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Mrs. Alan M. Gordon, 14 Mott Building, Derby, Connecticut

L. F. Powell, D.D.S., 78 Main Street, Canton, New York

Mrs. Margaret Heckert, R.D. 1, Box 61, Valencia, Pennsylvania

E. Downing, 2830 Endicott Avenue, St. Louis 21, Missouri

Cora E. Murphy, 603 Avenue D., Snohomish, Washington

Wallace M. Depew, 1606 Sanderson Avenue, Scranton 9, Pennsylvania

Blanch Vellat, 508 West 62nd Street, Seattle 7, Washington

R. B. Moore, D.D.S., Box 237, Allerton, Iowa

F. S. Burlingame, D.D.S. and Doctor Mellett, Sturgis, Michigan

Mrs. Glenn Thomas, Box 33, Baker, California

Mrs. Glad Lee, P. O. Box 5146 Metro Station, Los Angeles 55, California

Mrs. Melvin Meilach, 7005 South Normal Boulevard, Chicago 21, Illinois

Don Barry, 16 Edna Avenue, Bradford, Pennsylvania

Morris Stone, D.D.S., 1085 Blue Hill Avenue, Dorchester 24, Massachusetts

Pearl G. Atkins, 4955 Steele Street, Denver 16, Colorado

Mrs. Irvin Bregman, 201 Washington Avenue, Hollidaysburg, Pennsylvania

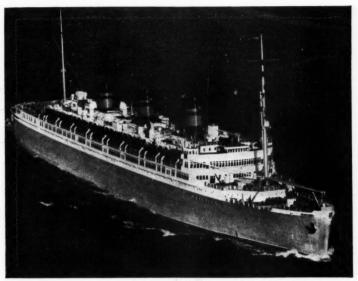
Henry Lindner, 101 North Bolton Street, Jacksonville, Texas

#### CAN YOU USE A DOLLAR?

To every reader who contributes a newsworthy item, something unusual about a dentist, which is published in Dentists in the News, we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be acknowledged or returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentist in the News, Oral Hygiene, 708 Church Street, Evanston, Illinois.

#### WHEN YOU CHANGE YOUR ADDRESS

When you change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to Oral Hygiene, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



VIRGINIA STATE DENTAL MEETING TO BE HELD ABOARD THE QUEEN OF BERMUDA

"THE CONVENTION of a Lifetime" is promised members of the Virginia State Dental Association and their guests attending its annual meeting, April 29 to May 6, aboard the palatial liner, The Queen of Bermuda, on a cruise to Havana and Nassau.

This unique convention includes a program of nationally known guest speakers, table clinics, scientific motion pictures and exhibits.

While in Havana, the Virginians will meet jointly with the Cuban Dental Society, and their Cuban Colleagues will be their hosts at a cocktail party. Sightseeing is planned in Havana and Nassau,

also a golf tournament at Nassau.

The ship will sail from New York on April 28 with a number of Virginia dentists boarding at that port. The main contingent will sail from Norfolk, Virginia, the following day, April 29, returning there May 6 and to New York May 7. Any members of the dental profession who would like to accompany the Virginia dentists on their "Convention Cruise" are invited to write to Doctor Grover C. Starbuck, Junior, General Chairman of the Cruise Committee: His address is, 5700 North Washington Boulevard, Arlington, Virginia.



## EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

#### WATCH UNION WELFARE AND HEALTH DENTAL PLANS

In California two unions have undertaken dental health plans. If these projects are successful, we may expect to see other unions throughout the country negotiating with dentists and dental societies to set up similar programs. Dentists should, therefore, be aware of the implications in such developments.

In Los Angeles the Culinary Workers and Bartenders Union, with 24,000 members and dependents, has organized a \$25,000-a-month dental program. The money is raised from a one-cent an hour levy on employers. This is in addition to a five-cent an hour levy that includes medical, hospital, and life insurance programs.

This union has signed a contract with a dentist to supply 3400 half-hour dental appointments each month on a \$15 per chair-hour fee basis. The dentist who holds the contract with the union hires other dentists to perform the service in a \$75,000 facility. The salaries of the participating dentists have not been announced. This kind of organization may be described as the contract-clinic method of supplying dental care.

In San Francisco the International Longshoremen and Warehousemen's Union has inaugurated a program to supply dental care for the 10,000 children of members. A maximum of \$75 per child per year has been set. Children under age 15 are eligible. A sum of \$750,000 has been allotted for this child study. The money comes from the union's welfare fund. In this case the union operates the program on a panel-private-practice basis, and the fees paid correspond with those that dentists receive from the Veterans Administration. If it is successful, the plan will be used by unions in other localities on the West Coast.

These dental treatment plans under union auspices represent two different methods of supplying dental care on a third-party basis: the contract-clinic and the panel-fee-for-service method. In both cases the union is the third party that pays for the service.

Proponents of the contract-clinic method will say that where all services are performed under one roof and where the supervision is directly under the eye of the dentist who holds the contract with the union, a higher responsibility will exist. Opponents of this method will argue against dentists working on an hourly pay basis where professional standards and judgments may be set by a person other than the one who performs the service.

Those who favor the panel-fee-for-service method will emphasize the advantages to be had under a plan where the dentist can operate in his own office under his own standards and where the third party will pay on a unit-of-service basis. Those who are opposed to this method will refer to some of the abuses under the Veterans Administration program of participating dentists where the supervision was not too exacting and the quality of service was not of high degree.

The important thing for all dentists to keep in mind is the trend that these two programs represent. One thing that they certainly represent is a movement away from federal compulsory health insurance. Many responsible union officials are as suspicious of a federal health insurance system as are the members of the National Association of Manufacturers. These union officials would prefer a system where contributions are paid directly by the employer into a union welfare fund, rather than into a trust fund that would be held and administered by the federal government. A good many employers will agree with this point of view. Those who hold this position believe that a union welfare fund is more flexible than a rigid government insurance plan.

A second point of significance is that dentists and dental societies must be prepared to negotiate with the skillful and hard bargainers representing the unions, rather than with government agents.

We are sure of this: Unions will demand more rather than fewer extra benefits. Among these extra benefits will be an increasing emphasis on health programs, including dental care.

Educary Ayor



# ASK Oral Hygiene



Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

# **Anchorage for Bridge**

Q.—I have a problem. I made a fourtooth bridge for a man, age 32, and in a few months one or the other abutment became loose. I took it off, recemented it, and again it became loose.

The cuspid tooth, one of the bridge abutment anchorages, is good with nor-

mal pulp.

The molar tooth, the other bridge abutment anchorage, is pulpless and has little tooth structure above the roots.

I would not be surprised if the molar gold crown became loose, but I find it is the cuspid veneer crown that gets loose more often.

If this bridge is no good, and if the molar roots are extracted, a lower partial removable denture will be indicated—and that my patient will vehemently resent.

Why should the cuspid veneer crown become loose? I checked with articulating paper; there are no high points here.—M.R.B., Illinois,

A.—We are great believers in pin inlays for bridge abutment anchorage; also a pin in the distal canal of the pulpless molar would provide additional anchorage for your gold crown. You say the cuspid is sound, or "very good" is the term you use. And again you say it is a veneer crown. If "veneer crown" means that the enamel has all been removed to prepare the cuspid for a jacket crown (gold with a porcelain or plastic face), there may not be enough tooth left

to provide for pin anchorage without encroaching dangerously upon the pulp. If the enamel is still intact, you can provide ample anchorage with a pin hole cut with a number 700 or 701 tapered fissure bur about one-sixteenth of an inch deep at the Singulum lingual to the pulp and at the dento-enamel junction mesial and distal to the pulpal area. In making the wax models to fill these pin holes completely, melt the wax into the holes with a large canal plugger and hold it in place with finger pressure while it cools.-V. C. SMED-LEY.

### **Irritated Palate**

Q.—I made lower and upper acrylic dentures for a woman about 50 years of age. She complains of a burning palate only when she wears her upper denture. Would pressure on the palatal foramen or the acrylic cause this irritation? She has been taking thyroid treatments. Could the burning sensation be related to a blood condition? — J. J. T., Nebraska.

A.—If these dentures were made of one of the approved denture acrylics, and if you are sure they were thoroughly polymerized, I believe you can assume that the irritation is not caused by the material. It is more likely a matter of unequalized denture pressure, or the

tissue-bearing surface of the denture is not sufficiently smooth and polished.

I suggest that you check the palate of this upper denture with Kerr's disclosing wax. I add from one-half to one-third vaseline to Kerr's ivory disclosing wax for checking the uniformity of tissue bearing on upper dentures. The consistency of the wax as it comes is right for the lower dentures. If you follow the directions that accompany this wax, I believe you will find it a help in correcting this type of case.—V. C. SMEDLEY.

# **Chalky Teeth**

Q.—I have a girl patient, age 19. She has chalky areas on the labial surfaces of her upper anterior teeth. She is healthy and has good mouth hygiene. I should appreciate your advice as to treatment.—E. D., Maryland.

A.—These chalky labial areas may be caused by fluorosis, although these usually turn brown before the late teens. If the blemish is sufficient to justify the necessary expenditure, porcelain or acrylic jackets can be placed on these centrals, if or when roentgenograms show that the pulps are not too large.—V. C. SMEDLEY.

### Iron Stains

Q.—I have a girl patient, age 8, who has a typical black stain on all tooth surfaces, as a result of taking heavy doses of iron as an infant.

So far as I can ascertain, the iron was then taken in liquid form but now is being taken in capsule form,

Periodic prophylaxis will remove the stains, of course, but is there anything that can be done to prevent their reappearance in such a short space of time? In less than three weeks after cleaning, the stains reappear.

Is there any hope that in later years the stains can be kept off permanently? Thank you for helping me with this problem—J.L.A., Pennsylvania.

A.—Administration of iron in liquid form may result in most resistant stains of the teeth. But, in our experience, iron administered in tablet or capsule form does not cause tooth stains. However, some children, and indeed, some older persons accumulate a dark stain on the teeth, which is not only difficult to remove but for which it is difficult to account.

I have consulted the literature rather thoroughly in relation to these stains without receiving much help.

I had two young patients, sisters, age 10, who accumulated such a stain in a short time, but when they reached maturity there was no trouble. The reason for the stains in the first place and their absence in the second place, I was never able to explain.

In your case, frequent prophylaxis seems to be the treatment of choice, with the hope that conditions will change.—G. R. WARNER.

# Vitamin B for Neuralgia

Q.—In Ask Oral Hygiene, you mentioned heavy intramuscular doses of vitamin B complex for trigeminal neuraglia. Just exactly what are these doses?—I.S., New York.

A.—One effective way of using vitamin B in trigeminal neuraglia

is as follows: administer one cc of vitamin B<sub>12</sub>, 1000 micrograms per cc, parenterally either intramuscularly or subcutaneously, each day for eight or nine days. In addition, two cc of betaxin, 100 milligrams per cc, is given intravenously every three days. If nausea develops, the betaxin should be dropped.—G. R. WARNER.

# Lactic Acid in Buttermilk

Q.—Since lactic acid is the known villain in dental caries, what effect would butternilk with its large lactic acid content have on a butternilk drinker's teeth?

If this is the same lactic acid that is found on teeth in dental caries, is it safe to use it daily, how much, and how can one protect the teeth?—J. R., New York.

A.—I am sure that the lactic acid content of buttermilk is much too weak to have any detrimental effect on tooth substance, but if you wish to do so for your own satisfaction, it would be a simple matter to soak an extracted tooth in buttermilk for a number of hours, days, weeks or months, examining it from time to time for effect.—V. C. SMEDLEY.

## **Effects of Malocclusion**

Q.—Will you please advise me on treatment for an extremely tender temporomandibular joint? The patient has been using heat, but this has caused a discoloration of the skin and the relief is questionable.—A. H., Maine.

A.—We have found from a wide experience with temporomandibular joint conditions—tenderness over the joint, painfulness in eating hard substances, in opening the mouth wide, and seeming earache—that the trouble usually stems from malocclusion. The malocclusion may be loss of vertical dimension, lack of adequate molar support, or even locking of the occlusion from wear of the molar and bicuspid teeth.

The use of hot, moist, magnesium sulfate packs for a half-hour before going to bed at night will in some cases give temporary relief and will help to reduce the inflammatory condition around a joint, after the occlusion has been corrected. In some cases we have had to use occlusual acrylic splints to correct the occlusion and thus reposition the condyles and relieve stresses in the joints.

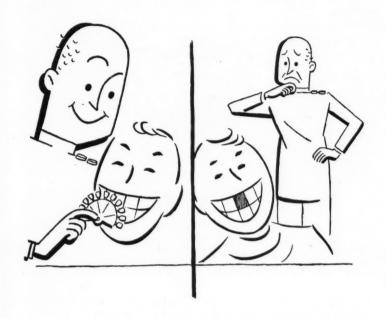
We are helped in making a diagnosis and instituting treatment by good roentgenograms of the joints with the teeth closed and with the incisor teeth apart at least 30 mm.

We believe your case can be helped and even cured with proper treatment.—G. R. WARNER.

# Use of Glycerin

Q.—I am a dental hygienist in a public school system. Another hygienist and myself have developed a sodium fluoride program in school for the second grade. This consists of a thorough prophylaxis and four treatments of sodium fluoride topically about one week apart.

We clean the teeth with pumice, which we mix in a large jar with a small amount of glycerin to give it body and a drop of oil of wintergreen for flavor, as the children do not like



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James Gardette, famous dentist of Philadelphia (1756-1831), is credited with having discovered the superiority of atmospheric pressure over spring contraptions for holding artificial dentures in position. Having prepared a particularly sturdy denture for a patient, he instructed her to accustom her mouth to it for a few days, until he could affix the usual springs, so that she might then use it for mastication. After several months delay, he was amazed to find her retention already excellent; and realized the potential efficacy of atmospheric pressure, on which he thereafter relied.

The fact that excellent therapeutic ideas can have a hard row to hoe before winning acceptance, is well illustrated by the procedure of surgical resection in periodontics—first advocated in France by Fauchard in 1728, and Bourdet in 1775, but apparently never introduced into this country until 1918.

Appreciation of healthy teeth is not a modern concept by any means. An Egyptian stela (slab or pillar) in the Louvre, singing the praise of a beautiful princess who died about 700 B.C., calls attention to the fact that her teeth were "harder than the flints on the sickle."

One seldom thinks of modern India as a wooded country; yet nearly 250,000 square miles of its area are heavily forested, with sandalwood, teak, ironwood, deodar, satinwood, date palm, coconut, sago, banyan, and the Indian gum tree, from which exudes Karaya gum, used in a purified form as the base for Wernet's Powder.

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unflavored pumice. A dentist once told me that a powder of that sort was unsatisfactory as the glycerin would coat the teeth, and therefore, prohibit the absorption of the fluoride in the enamel of the teeth. I have asked other dentists about this but have not found one who knew the answer.

If this small amount of glycerin is inhibiting the absorption of sodium fluoride, then we will change our powder constituents.—E. W., Pennsylvania.

A.—I think you may feel sure that glycerin in your pumice paste will not be retained on the surfaces of the teeth after rinsing with water.

Glycerin is readily miscible with water and, therefore, should wash off readily and thoroughly—G. R. WARNER.

## Use of Water Softeners

O.—I have some patients who tell me

that they brush their teeth with water softeners such as Calgon. Other patients have water softening devices connected to their plumbing supply. Both of these softeners, according to my observations and what patients tell me, definitely keep tartar and stain off the teeth. I am wondering if either method would be injurious to the teeth.—L. S., California.

A.—Calgon is a detergent containing a water softener ingredient. It is not intended for use in the mouth and might be injurious to mucous tissue, but it is an efficient cleansing agent.

Household water passing through a water softener could not be injurious to the teeth any more than where the water supply happens to be soft water. It is possible that some hard waters might encourage stains or deposits on the teeth—V. C. SMEDLEY.

### PROMINENT DENTIST BECOMES EDITOR OF DENTAL SURVEY

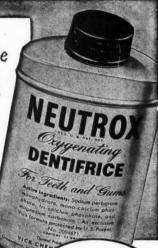
FRED ADDISON RICHMOND, an oral surgeon of Kansas City, Kansas, and a distinguished national figure in the dental profession, is the newly appointed editor of *Dental Survey*. Doctor Richmond is known throughout the profession as Administrator of the Group Life Insurance Plan for members of the American Dental Association. His important offices include: Vice President of the American Dental Association; President of the International College of Dentists (U.S. Section); Supreme Grand Master of the Psi Omega Dental Fraternity; Secretary, Kansas State Dental Association. He is a Fellow of the American College of Dentists.

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Playfoot: "Well, in your case I'd say one block."

Judge: "Come now, you really don't think he meant to put your eye out?"

Pat: "No, I don't, but I do believe he tried to put it further in."

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Mrs. Guppy: "I think I'll wear my new three-piece-sheer-beige rayon with jacket, over a pink-shadow-proof slip, with that close-fitting little hat you saw me wear Sunday."

Mrs. Simons glanced at the scare headline in her favorite newspaper which read: "Bank robbed! Police at sea." She laid down the paper. "Now look at that, Ed!" she said, turning to her husband, repeating the headline aloud. "Here's a big city bank broken into by burglars and the city police force all off fishing. What a scandal!"

Small Boy: "Mother, dear, where does the light go when it goes out?"

Mother: "That, sonny, I don't know, and you might just as well ask me the same question about your father."

A tall and stately girl is merely a long, lanky girl with money.

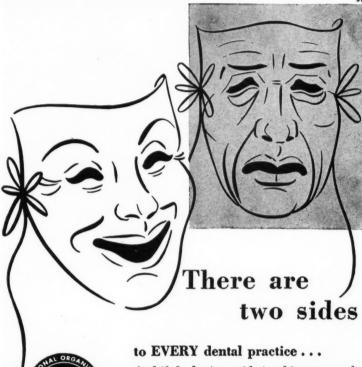
Housewife: "Why should a great, strong man like you be found begging?"

Beggar: "It is the only profession I know in which a gentleman can address a beautiful woman without an introduction."

An officer who had stopped a motorist for dangerous driving, and who was taking down the particulars, kept putting the point of the pencil in his mouth,

Motorist: "Why is it necessary to moisten your pencil?"

Officer: "To make the case look blacker."



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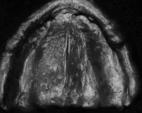
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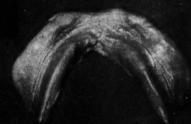
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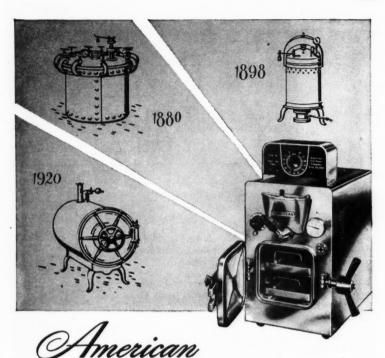






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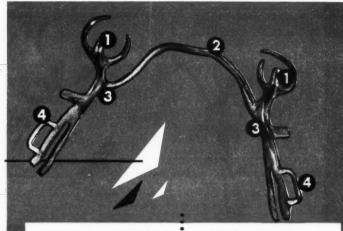
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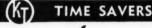
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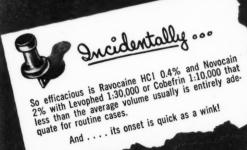


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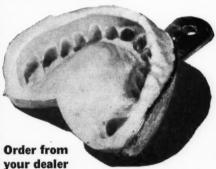
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12 HALF UNITS

COE LABORATORIES, INC., Chicago 21, Illinois

# MYNOL ALLOY (Improved)

- · Amalgamates readily
- · Greater edge strength



- · Carves faster, easier.
- Makes denser fillings
- Extra-fine, powdery

1-oz. pkg. \$2.20

5 — 1-oz. pkgs. \$10.75 10 — 1-oz. pkgs. \$20.50

5-oz. pkg. \$10.00

4 — 5-oz. pkgs. \$39.00 Tests high in non-oxidation.
Equals or surpasses
A. D. A. and Bureau
of Standards requirements.

10% BONUS
1-oz. of Alloy at
no extra charge
with every
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Ask your dealer MYNOL CHEMICAL COMPANY
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Check the plastic products in which you are interested. Attach your professional card, and mail. We will send you the latest technical information on:

# JUSTI

Products for Beller Denlistry

- S.R. acrylic denture teeth.
- S.R. characterized anteriors.
- Four types of posteriors including
- ☐ Justi acrylic facings.
  ☐ Justi-tone denture base material.
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- C.B.F.—crown and bridge material.
- Gol-Shank tungsten carbide burs
  28 sizes—A.H.P. and S.H.P.

  Justi anti-bacterial acrylic cement.
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H. D. JUSTI & SON, INC. 3143 Spring Garden St. • Phila. 4, Pa.



# THE JAJ DENTAL TOWEL FAMILY



for elegance... the superb DELUXE dental towel



for satisfaction...
the famous

PROFESSIONAL towel



for economy...
the new PINAFORE

DENTAL DIVISION

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# Astring-0-SOl mouthwash

concentrated for economy and convenience

a little goes a long way



- Here is a peppy, invigorating mouth rinse that not only tastes good and sweetens the breath, but also helps loosen and flush away organic debris.
- Astring-o-sol is an efficient detergent and effective deodorant. It will not injure delicate oral tissues and is ideal for daily mouth care.
- It's economical . . . it takes only a few drops of concentrated Astring-o-sol in a half-glass of water for a pleasing and effective mouthwash.
- USE IT AT THE CHAIR BEFORE AND AFTER
  DENTAL PROCEDURES
- RECOMMEND IT TO YOUR PATIENTS FOR DAILY MOUTH CARE



Remember...it takes only drops instead of drams because it's concentrated.

American Ferment Co., Inc. 1450 Broadway, New York 18, N. Y.



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# The William Getz Corporation 15th ANNIVERSARY

# PARADE OF PROGRESS

Achievements in dental research that will help you to save time and improve results!



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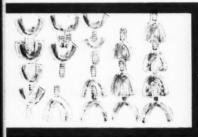






these new GETZ quality products were designed to give you

### EXTRA **EFFICIENCY...EXTRA**



# TRUPLASTIC IMPRESSION PASTE

Extremely accurate dual-purpose paste. Combines best qualities of plaster and paste. Mixes easily to smooth non-sticky consistency. Sets hard and breaks clean, like plaster.

# Standard Package

12 to 15 impressions . . \$3.00

3 Standard

Packages . . \$8.00

12 Standard

Packages . . . \$30.00

# Economy Package-

25 to 30

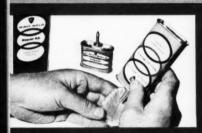
impressions ... \$5.00 3 Economy

Packages . \$13.50

12 Economy

Packages ... \$50.00















# TOFFLEMIRE JUNIOR CONTRA-ANGLE RETAINER

The only retainer you can apply from the lingual—same principle as famous adult retainer. Will not slip off deciduous teeth. Will not impinge on tissue. Keeps out seepage. Maintains full view of operating area. Stainless steel—won't rust, corrode or peel.

Complete with 12 stainless steel matrix bands (including "window-opening type")

\$15.00

## KADEX STERILIZER OIL

Doubles the life of your instruments. Leaves no greasy film or residue, will not gum contraangles or hand pieces. Eliminates necessity of disassembling hand pieces for cleaning and lubrication. No odor.

Full Quart of Kadex Sterilizer Oil . . . . . \$3.75

# ORYL DENTURE LINING MATERIAL

Compact all-purpose economy kit contains both Clear and Pink. Easy to use, always accurate. Fuses permanently with denture. Kind to tissues.

Oryl Duo-Kit—2 oz. Clear, 2 oz. Pink, 3 oz. Liquid, 2 measuring cups and a mixing jar. \$7.50

# ONTRAY TRAY AND BASE PLATE PLASTIC

Provides uniformly adapted trays or base plates in minutes. Positively stable and inert—will not change form during curing. Molds as easily and quickly as modeling clay.

Complete with instructions.....\$4.25

The William Getz Corporation

PROGRESS



# FORM-FLEX "Rubber Base" FLEXIBLE IMPRESSION MATERIAL

Provides permanent form-stability and dependable accuracy for inlays, crowns and bridges. Flexible—unhampered by undercuts. Saves labor. Provides better results. Non-sticky. No odor.

Standard Package—full-size tubes of both white and brown paste. \$5.50

# PARADE OF PROGRESS

# ORDER BLANK

Quantity	Item	
	TOFFLEMIRE JR. CONTRA-ANGLE RETAINER @\$15.00	
	SANI-TRAY Set No. 1, for partials (9 trays) @\$2.25	
	SANI-TRAY Set No. 2, for dentures (10 trays) @\$2.50	
	MINIT-WELD REPAIR KIT (complete) @ \$2.85	
	TRUPLASTIC IMPRESSION PASTE (see inside for special quantity values)  Standard Package (12-15 impressions) @ \$3.00  Economy Package (25-30 impressions) @ \$5.00	
	KADEX STERILIZER OIL Quart @\$3.75	
	ORYL DENTURE LINING MATERIAL Duo-Kit @\$7.50	
	ONTRAY TRAY AND BASE PLATE PLASTIC KIT @\$4.25	
,	FORM-FLEX "Rubber Base" FLEXIBLE IMPRESSION MATERIAL Standard Package @ \$5.50	

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The William Gety Corporation • 7512 South Greenwood, Chicago 19, Illinois

# NEW "Ditto" CHARMS and miniature TOYS GIVE-AWAYS TO SOOTHE YOUR YOUNGER PATIENTS

MINIATURES and CHARMS AT ABOUT 14 EACH

FIGURINES — Stock #F-100 — 20 different figurines, 2" high, 6 colors. 1 Gross (144) Assorted ...........\$1.50

PLASTIC CHARMS-Stock #PC-100-50 different charms, color on color-silver plated. 1 Gross (144) Assorted

Build Good Will-Save You Time and Money

TOOLS and SPORTS EQUIPMENT-- Stock #AS-100-12 different tools and equipment, 2" to 3", assorted colors.

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AUTOS-Stock #A-100-different autos, 2" to 3". to 3". 5 colors.

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HARD TO GET CHARMS that really charm. Stock #HC-200. 1 Gross (144) Assorted \$3.00



Gold Plated Metal Charms and Minis Stock #MC-200, I Gross (144) Assorted



Stock #R-200. Plastic and Gold Plated metal-many different brilliantly colored stones—adjust able sizes. I Gross (144) Assorted ....\$3.0

YOU CAN BE CERTAIN YOUNG PATIENTS WILL KEEP THEIR APPOINTMENTS AND TELL THEIR FRIENDS WHERE THEY GOT THEIR CHARMS AND TOYS

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Dept. OH-4. Yonkers, N.Y.

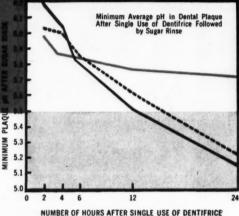
DITTO CASTING CO. 152 Riverdale Ave., Dept. OH-4, Yonkers, N. Y.

.....for which you will sand me postpaid the fell

No. of Grosses	Stock #	Item	Price Per Gress	Total
	F-100	Figurines	\$1.50	
	PC-100	Plastic Charms	\$1.50	
	AS-100	Tools and Sports Equipment	\$1.50	
	MC-150	Metal Charms	\$1.50	
	A-100	Autos	\$1.50	
	HC-200	Hard To Get Charms	\$3.00	
		Gold Plated Metal Charms and Miniatures	\$3.00	
		All Rings	\$3.00	

**TOTAL AMOUNT THIS ORDER \$** 

# MOW Amm-i-dent.



AMM-I-DENT WITH SLS (MSIDE-OUTS

LEVEL

SARCOSINATE ONLY (OUTSIDE PROTECTION)

HIGH-UREA ONLY (INSIDE PROTECTION)

J. Dent. Children 21:194 (3rd Qt.) 1954



In addition to therapeutic benefits Amm-i-dent wins patient acceptance with an exciting new taste—clean, fresh, with wake-up appeal. (Available in white or chorophyll.)

Recommended

·Ammident

# Longest lasting CARIES PROTECTION

# "INSIDE-OUTSIDE" ACTION lasts more than 24 hours

INSIDE.. UREA Urea in high concentration penetrates intact and carious enamel to the pulp... diffuses outward as oral concentration drops... keeps tooth and dental plaque above decalcifying level of pH 5.5 for 12 hours.

OUTSIDE . . SLS SLS, the new bacteriostatic, anti-enzyme and anti-acid agent, has such affinity for enamel and dental plaque that it resists flushing with running water. SLS maintains an elevated pH (above 5.5) for more than 12 hours.

HIGH-UREA plus SLS has a synergistic effect . . .

AMM-I-DENT with SLS gives 24-hour caries protection . . .

longer than any other dentifrice!

by more Dentisto ther dentifrice

\*Trademark

AMM-I-DENT, Inc., Jersey City 2, N. J.

More Time to Live...



with P. G.

THE NEW CONCEPT IN FILLING MATERIALS

in the lab since 42

in the mouth since '52

Yes...P.F. helps save your precious time and energy—gives more time to relax and enjoy life. Here's why:

Conventional filling materials provide little or no adhesion to cavity walls. To retain fillings, deep undercuts and dovetails must be relied on. P.F., on the other hand, is so adhesive it actually forms a structural bond with the tooth . . . even to the extent of NO

UNDERCUTS! Extensive drilling on sound tooth structure is eliminated; valuable time, money and physical strain are saved by the Dentist; pain to the patient minimized.

No undercuts keep the filled tooth stronger; not only because more vital tooth structure has been saved, but dentinal tubules are continuous from pulp to enamel as illustrated. In addition:

- P.F. is kind to the pulp—no metal
- P.F. is color stable
- P.F. is strong
- · P.F. will not shrink
- P.F. is unconditionally guaranteed to outlast, outwear and out-

WEAK STRONG

CONTINUOUS DENTINAL TUBULES ASSURE STRONG, SOUND ENAMEL

perform any other posterior filling material. Data on tensile, tensileshear and adhesive tests—verified by Tinius Olsen Testing Machine Company—are available on request.

P.F. is more than a filling material—it offers a completely new concept of operative procedure that . . .

### PROVIDES

### MORE

- Fillings per hour
- Patients per day
  Income per week
- · Time to live

- LESS
- · Drilling per tooth
- · Chair time per appointment
- Pain for patient

MORE TIME TO LIVE . . . it's better Dentistry!

Amco

Send \$1.00 for a generous sample of P.F. or PEARL-ON\*
\$2.00 for both

\*(Amco's Anterior P.F.)

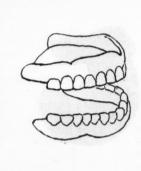
AMERICAN CONSOLIDATED DENTAL CO.

835 N. 19th Street . Philadelphia 30, Pa.

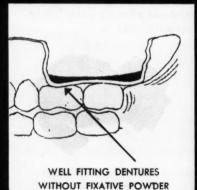
# How to improve Chewing with Dentures



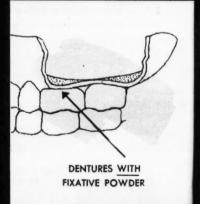
1 The number of chews among denture wearers necessary to reduce food for swallowing were recorded clinically.<sup>1</sup>



2 First chewing was done with present dentures unaided.



5 In the first test 23.3 extra chews were required over the number estimated for matural teeth



In the second test only 12.5 extra chews were needed to produce equiresults. ...as reported by a leading dental college clinic.



3 Then denture fixative powder was sprinkled on dental plates and the experiment repeated.



4 The same patients made both tests.
The only difference was the use of denture powder.

These carefully conducted tests proved that denture powder

# Reduced Extra Chews Materially

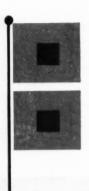
FASTEETH was the denture powder used in these tests. It is the pleasant-tasting, alkaline denture powder made by Clark-Cleveland, Inc., Binghamton, NY.





1. Manly and Vinton - J. Prosth. Den. 1,578-586 (1951)

# -the silicate that safely ignores storm warnings!



# SYNTREX

We're not suggesting that a dentist would start a silicate filling while a hurricane is veering toward his office door.

But with Syntrex, you *could* place the filling—because there never was a silicate less sensitive to atmospheric conditions!

In addition Syntrex mixes easily . . . sets promptly . . . develops strength rapidly . . . has low solubility . . . and provides a range of shades that vastly simplifies color-matching.

In any weather, in any month, you can depend on Syntrex . . . "the best-behaved silicate in dentistry."

For modern materials call on Caulli Milford, Delaware











# **DURALLIUM MEANS**

YOU CAN RELY ON RESTORATIONS THAT BEAR THE NAME DURALLIUM

CIENCE

How can a good material or process be improved? It is the job of Durallium's researchers to find out . . . to study and experiment . . . to find new and better ways to produce ever-finer Durallium restorations. This constant searching is at the very core of Durallium quality; it is evident in the remarkable fit and performance of every Durallium restoration.

ive a skillful

Give a skillful man better tools and he will do a more skillful job... give an experienced man added knowledge and he will do a more intelligent job. To these ends, we of the Durallium group of laboratories pool many of our ideas and talents. In the crucible of Durallium research, these ideas become realities, and talents become techniques. Result: better-trained technicians... better-equipped technicians... better Durallium restorations.



# Durallium quality is always



Look for this package when you're looking for quality... it identifies genuine Durallium restorations!

in the distinctive Steri-Seal bag!

THE DURALLIUM PATIENT EDUCATION PAMPHLET

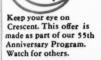


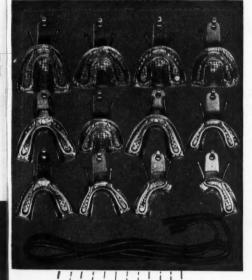
his illustrated pamphlet is provided with every Duralbur artial. It will introde patient understanding and satisfaction



your qualified Durallium laboratory

# cooled





Here are 12 Crescent Water-Cooled Travs, designed to satisfy your every requirement, with the cooperation of dentists who have long used elastic impression materials. Made of perforated aluminum, they are lighter and less bulky than any other water-cooled trays available. They are perfectly shaped and stiff enough for any impression-vet can be easily bent and cut for special cases. They can be used with ordinary tap water by the operator without the help of an assistant. What's more the tubing is brass plated for long life. Set of 12 Trays, complete with tubing and adapters, and metal panel to hold trays, only \$18.60. Same without panel, \$17.45. Individual trays and tubing may be ordered as replacements. Order a set today. You must be fully satisfied or your money back.

Crescent makes a complete line of impression trays for every purpose: Full dentures, Partials, Bridges, Orthodontia; in Aluminum, Perforated Aluminum or Water-Cooled. ASK FOR OUR NEW,

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# **SCEM** DENTAL MANUFACTURING CO. 1839 South Pulaski Road, Chicago 23, Illinois

Please send Set of 12 Trays, complete with tubing, adapters and metal panel for \$18.60.

Send Set of 12 Trays with tubing and adapters, but without panel @ \$17.45.

☐ Mail FREE copy of New Crescent Catalog

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DOCTOR \_

PLEASE PRINT OR WRITE PLAINLY

Charge thru dealer

☐ Enclosed find money order

Send C.O.D.

In any case, please be sure to give dealer's name.

ADDRESS .

MY DEALER IS \_\_\_\_

THE BEST ..

MANOSEIL MOISTURE PAR

VERNONITE

# .. is even BETTER today!

# thanks to the NEW VERNO-SEAL MOISTURE PAK!

# NOW — superior Vernonite Dentures come to you packed in moisture!

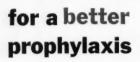
In accordance with information obtained at the National Bureau of Standards on the effect of loss of water on acrylic resin—dentures should be kept moist to prevent shrinkage, loss of volume, or change of form—the Vernon-Benshoff Company now offers your laboratory new Verno-Seal Moisture Pak bags which enable him to package your genuine Vernonite denture in moisture immediately after processing.

This means that the Vernonite denture you have prescribed will remain in perfect condition from the time it is finished in the laboratory until it is placed in your patient's mouth. IT STAYS MOIST... no shrinkage, no loss of shape, no contamination!

And remember . . . the Verno-Seal Moisture Pak is another service to YOU by Vernonite — the original acrylic resin denture base material recognized as THE standard of quality.

And remember, also, Vernonite — with exclusive Mono-sol — has no plasticizers, no cross-linkers. This means better dentures, stronger, more uniform, more stable and far more attractive.

Look for the Verno-Seal Moisture Pak bag . . . it identifies your denture as genuine Vernonite!



new improved





## HERE ARE THE IMPORTANT FACTS, DOCTOR:

### 1. Superior Polishing Action

Optimum effect with the finest ingredients. New, improved paste offers greater adherence to tooth surface and brush.

### 2. Improved Enzyme Action

Aids in the thorough removal of inaccessible and residual calculus and stain. Result: a better prophylaxis than ever before.

### 3. Pleasant Flavor

Tested by dentists and approved by patients in thousands of cases.

### 4. Indefinitely Stable

Does not dry out or separate - no matter how long you keep it.

### new improved Profie Paste

is sanitary and convenient. One-half twist of the special key gives just the right amount for one prophylaxis. No dipping, no mixing, no mess on spatula or container. Economical, too-there's no waste.

### SPECIAL INTRODUCTORY OFFER

An introductory tube of Profie Paste will be furnished at no cost with the purchase of 1 large economy size tube. Use the small tube first. If not satisfied, return large tube unused, and receive full purchase price. Ask your dental supply representative for details.





"During the past half-century, the name BUSCH has been the symbol of the highest achievement in bur performance. The balanced blade design... scalpel sharp cutting edges... superior steel and high standard of precision manufacture, are an unmatched combination of qualities which assure smoothest possible cutting, with a minimum of vibration."

Busch Burs and Busch-Widia Burs (the hardest of the tungsten carbides) are always available through recognized dental dealers. \* \* \*

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**VENEERS** 



An entirely new principle for placing plastic on gold, utilizing light diffusion to more naturally simulate vital tooth enamel. Achieved only by the combination of: (1) Williams Lunite Veneer Plastic — neither too opaque nor too translucent. (2) Williams Iridio-Lunite, a masking and reflecting base—becomes an integral part of the plastic. (3) Williams Special Veneer Casting Gold in a new neutral pink color which enhances the delicate shade of the plastic and possesses all the required physical properties for fixed bridgework. Results in amazingly life-like appearance never before achieved in acrylic veneers, jackets and pontics.



Write for FREE BOOKLET! Includes complete information on Lunite Veneer Kit, technic and prices.

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WIDE MOUTH JAR
For office use in
all phases of

all phases of operative dentistry



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# NOW radiography at 90 KVP Biggest advance in dental x-ray in 30 years



# New CDX-90 by General Electric

Unprecedented 90 kvp gives remarkable film quality ... more uniform penetration of all dental structures. You also get stepless, variable x-ray control — up to 15 ma at 40 to 90 kvp.

New electronic timer offers unrivalled accuracy. Remote exposure control. Automatic resetting, 24 positively-indexed exposure times, 1/20 to 10 seconds.

Far greater safety for you and your patient, thanks to highest inherent filtration — 1.5 mm al. Extra filters provided increase total to 2.5 mm al.

Effortless radiography results from small, compact tube-head ... 76-in. bracket extension ... 22-in. vertical tube travel.

See your dealer for all the facts. Or, write X-Ray Department, General Electric Company, Milwaukee 1, Wisconsin. Ask for Pub. KK43,

Progress Is Our Most Important Product

New CDX-70

fixed x-ray out

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tages featured in the CDX-90.

GENERAL 🍪 ELECTRIC

# new...improved ELASTIC IMPRESSION POWDER gives 100% accuracy...



### HIGHER VISCOSITY

This new high viscosity formula prevents material from seeping down patients throat during the taking . . . and Lang's smoother, creamier mix assures 100% accuracy in the resulting impression every time!

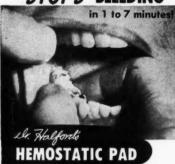
### ABILITY TO HOLD WATER

Lang's Elastic will not lose water rapidly to the atmosphere as others do. No dimensional change occurs if model is poured in reasonable time. Its the most accurate impression material produced.

# **ELASTIC IMPRESSION POWDER**

Lang Dental Manufacturing Co., Chicago 13, III.

# STOPS BLEEDING



An easy-to-use home application that STOPS bleeding . . . gives lasting control of post-operative hemorrhage in a matter of minutes.

## SAFE in the PATIENT'S HANDS

Extraction cases appreciate this safety precaution. Give each a Hemostatic Pad . . . or pre-scribe them from your druggist.



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MODEL A. C. Doluxo. DENTAL MIX

PRICE ONLY \$39.75

operated mortar and pestle which gives you positive control of trituration . . . Assures consistently uniform amalgam batches . . . in 10 SECONDS. Good looking . . . practically noiseless.



- in mortar and
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- · Stroke adjustment · Accurate Timer
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GB INLAY No. 1 for gingival or one surface inlays where occlusal stress is not a factor. Soft Type "A" \$2.13 dwt. list.

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Guaranteed to comply with A.D.A. Spec. No. 5. Your dealer can supply you promptly. GB INLAY No. 3 for thin castings, carmichaels, ¾ crowns, bridge abutments. Will withstand the most severe stresses. A gold color platinized alloy. Hard Type "C" \$2.15 dwt. list.

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Doctor-be as

comfortable

in your office, as you are in your home!



Swing ROLAROUNO

DENTASEAT

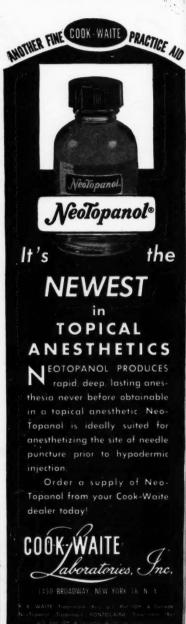
Any dentist — any age — can easily accustom himself to the sitting comfort and operating convenience of the new Rolaround Dentaseat. Why? Because only ROLAROUND has:

- An easy-to-get-on, stay-put, correctly-sloped posture seat;
- An extra-thin, extrastrong base that's under-the-mat, outof-the-way. It supports you even when chair is unoccupied.



Plan healthful comfort in your office. Have your dealer bring a Rolaround for trial.

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# SUNSHINE WASTE RECEIVER

Proves Boon for Dentists



DISPOSE OF
ALL WASTE
MATERIAL THE
EFFICIENT
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Now you can dispose of cotton rolls, plaster, amalgam, wax and all other waste conveniently, effort-lessly -- no waste motion, and it costs just a fraction of a cent. Place a clean fresh paper SUNSHINE WASTE RECEIVER in the attractive chromium-plated SUNSHINE HOLDER right on your bracket table.

Eliminates messy containers that must be cleaned — eliminates turning back and forth between your patient and the waste can. SUNSHINE WASTE RECEIVERS are a perfect repository for dentures and impressions. You will find many other uses for them.

Thousands of dentists at recent dental meetings saw it...tried it...bought it on the spot. They're saying -''Once you've used SUNSHINE WASTE RECEIVERS, you'll wonder how you ever got along without them."

1,000 SUNSHINE WASTE RECEIVERS: \$7.25
CHROMIUM-PLATED HOLDER: \$1.25. ORDER TODAY.

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	Gentlemen: Please send mecase(s) (Sunshine Waste Receivers and Chromium Plated Holder) at \$8.50 per case. (1,000 Waste Receivers \$7.25 Holders \$1.25). Prices slightly higher west of the Rockies.
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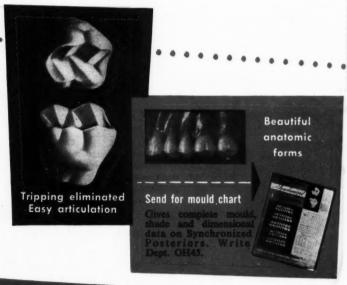
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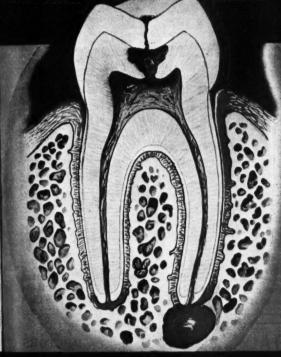
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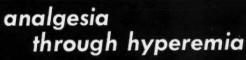
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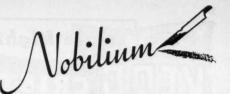
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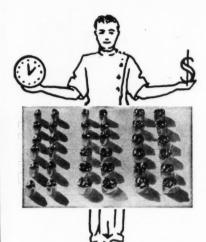
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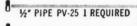
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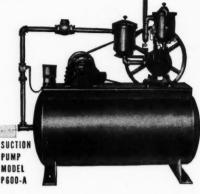
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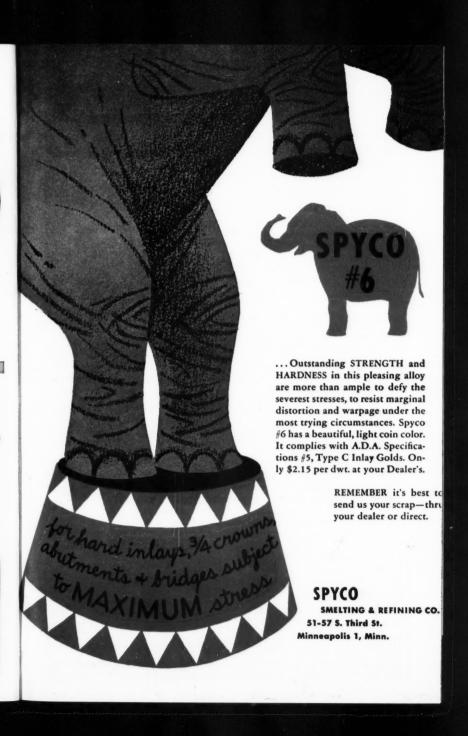
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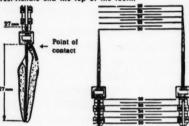
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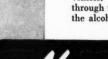
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